



fraserhealth

**Infectious Disease – Rapid Access Clinic –
Adult – Referral
JPOCSC**



Form ID: MSXX101799C

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Page: 1 of 2

Send Form to: JPOCSC Fax: **604-528-5438** / Phone: 604-953-9722

Patient's Name: _____	Gender: _____
Last First Middle	
Date of Birth: _____ / _____ / _____	PHN: _____ Insurance: _____
(DD/MM/YYYY)	
Address: _____	_____
Street City Province Postal Code	
Contact Method Primary: _____	Alternate: _____

REFERRAL INFORMATION: **MOST** _____ **CCI ALERTS** _____

Referral Date: _____	Referring Health Care Provider: Name: _____ MSP: _____ Site: _____ Phone: _____ Fax: _____
Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent	
Interpreter Required: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify language _____	
Travel Related: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Immunosuppression: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____	
Reason for Referral: _____	
Wound: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____	
Attach Relevant: <input type="checkbox"/> Consults _____ <input type="checkbox"/> Bloodwork _____ <input type="checkbox"/> Imaging _____ <input type="checkbox"/> Microbiology _____	
Isolation precautions: <input type="checkbox"/> Routine <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne	
Name of Primary Care Provider: _____	
Referral Clinic: Infectious Disease - Rapid Access	

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Fax referral to clinic:

- Jim Pattison Outpatient Care and Surgery Centre - Rapid Access Clinic**
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Surrey, BC
Phone: 604-953-9722
FAX: 604-528-5438