



# Primary Care Attachment Referral

## Urgent and Primary Care Centres



Form ID: MSXX107223D

Rev: Oct 26, 2021

Page: 1 of 1

Please complete all sections. **Referrals are reviewed between Monday to Friday, excluding stat holidays.**  
For urgent requests or confirmation of eligibility, please contact the Urgent and Primary Care Centres (UPCC) directly.

<b>Referring site to confirm:</b> <input type="checkbox"/> Client meets UPCC attachment criteria ( <i>found on page 2</i> ) <input type="checkbox"/> Client does not meet UPCC attachment criteria ( <i>referral to be forwarded to community practice</i> ) <input type="checkbox"/> Client lives in catchment area of UPCC: _____ ( <i>please indicate which UPCC to review</i> ) <i>(locations and addresses on page 2)</i>		
<b>Priority for attachment</b> <input type="checkbox"/> Prioritized (~ 2 weeks) <input type="checkbox"/> Routine		
Referral Date:		
Client Last Name:		Client First Name:
Client Preferred Name:		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		DOB (dd/mm/yyyy):
PHN:		Phone:
Address:		Alt. Contact Name/Phone:
Postal Code:		Alt. Relationship:
Interpreter required? <input type="checkbox"/> YES <input type="checkbox"/> NO Primary language:		Is client/caregiver aware and agreeable to this referral? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Referral/Primary Concern/Additional Information (recent hospital discharge, medication changes, safety):		
Medical Records within Fraser Health Authority: <input type="checkbox"/> MEDITECH <input type="checkbox"/> PARIS <input type="checkbox"/> UCI <input type="checkbox"/> Other: Medical Records outside of FHA: <b>Fax pertinent medical records with this referral.</b>		
Case Manager (if applicable):		Contact No:
Referring Source/Practitioner:		
Name:		Discipline:
MSP#:		
Phone Number:		Fax Number:
Community Service:		
Hospital:		Unit:                      Direct Number/Local:
UPCC Use Only		
Date Received:		
Date Reviewed:	<input type="checkbox"/> Accepted at UPCC <input type="checkbox"/> Forwarded to community practice <b>Declined:</b> <input type="checkbox"/> Has GP/NP/regular clinic <input type="checkbox"/> Outside of catchment <input type="checkbox"/> Other: _____	

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Back of Page 1

## **Criteria for attachment to a UPCC:**

- ✓ *Patient lives within the catchment area of the UPCC*
- ✓ *Patient is not attached to a Family Practitioner elsewhere*
- ✓ *Patient has a combination of the following concerns:*
  - *Medically complex: e.g. Comorbidities, polypharmacy, unstable chronic medical conditions*
  - *Psychosocially complex: e.g. Homeless, financial insecure, no emotional support, physically/emotionally abused*
  - *Mental health and/or substance use concerns*

***\*Please note: referrals are forwarded to community practices if UPCC criteria not met.***

Abbotsford UPCC: 2692 Clearbrook Rd, Abbotsford, BC V2T 2Y8  
Burnaby-Edmonds UPCC: 7315 Edmonds St Suite 201, Burnaby, BC V3N 1A7  
Ridge Meadows UPCC: 11900 Haney PI #121, Maple Ridge, BC V2X 8R9  
Surrey-Whalley UPCC: G2-9639 137A St. Surrey BC V3T 0M1  
Newton UPCC: 6830 King George Boulevard, Surrey BC V3W 4Z9  
Tri-Cities UPCC: 475 Guildford Way Port Moody, BC V3H 3W9

Office: 604-870-3325 Fax: 604-852-1351  
Office: 604-519-3787 Fax: 604-519-3765  
Office: 604-476-4650 Fax: 604-466-5612  
Office: 604-572-2610 Fax: 604-580-9106  
Office: 604-572-2625 Fax: 778-590-6961  
Office: 604-469-3123 Fax: 604-469-3121