

Fax this referral to: 604-736-7019



Request to Access Community Therapists Ltd. for HSCL Specialized Seating or Dysphagia Consultation

(Refer to August 2010 HSCL Protocols for Access Seating and Dysphagia Consultation Services for more information)

SERVICE BEING REQUESTED:

URGENT REFERRAL

DATE (y/m/d):

Specialized Dysphagia Services

Dietician Involved Yes **No**

Specialized Seating and Mobility Services

Consultation Requested For:

Client Last Name: **First Name:** **Initial:** **Male** **Female** **D.O.B. (y/m/d)**

Address: **City:** **Postal Code:** **Phone Number:**

Personal Health Number:

Residential Resource Contact Person: **Phone Number:** **Service Provider Agency:**

Consultation Requested By:

Name: **Phone Number:** **Fax Number:** **Health Unit:**

HSCL Nurse **HSCL Rehab Therapist**

Family Contact: **Aware of Referral Yes** **No** **Phone:** **Fax:**

Physician(s): **Yes** **No**

Decision Maker: **Yes** **No**

Self **Other**

Access Community Therapists Ltd is contracted to provide services for HSCL clients in health regions throughout BC. As required by this contract Access Community Therapists follows the provisions of the Freedom of Information and Protection of Privacy Act. Under this legislation, health authority staff and Access Community Therapists are able to share personal client information to support continuity and safety of care.

Reason for Request/Relevant Medical History:

Additional pages attached: Yes **No**