

ABORIGINAL PATIENT NAVIGATOR REFERRAL FORM

The Aboriginal Patient Navigator offers a supportive service to the Aboriginal people within the HNHCB LHIN. Aboriginal Patient Navigator helps aboriginal patients through the health system and offers support to First Nations, Inuit and Metis patients with cancer.

Referral Details			
Date Referred:		Referred by:	
Organization/Agency:		Contact Number:	
Patient Information			
First Nations/Metis/Inuit:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Status <input type="checkbox"/> Non Status <input type="checkbox"/> Unknown	
Reason for Referral			
<input type="checkbox"/> Supports at Clinic Visits <input type="checkbox"/> Accommodation and Transportation <input type="checkbox"/> Navigate NIHB – Health Canada First Nations and Inuit Health Branch (drug coverage) <input type="checkbox"/> Accessing Cultural/Traditional/Spiritual <input type="checkbox"/> End of Life Planning <input type="checkbox"/> Community Resources <input type="checkbox"/> Translation Service <input type="checkbox"/> Other: _____			
Notes:			
Patient informed Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Patient must be informed of referral)			
Signature of Referral Source:		Date:	

For office use only

Reviewed By:		Date:	
Date of New Patient Consult:		Date seen by Aboriginal Patient Navigator:	