

BC CAN CER Provincial Health Services Authority

Email: Indigenous Cancer Control – icc@bccancer.bc.ca Monday – Friday not including stats 8:30 – 4:30

## INDIGENOUS PATIENT NAVIGATOR REFERRAL FORM

DATE OF REFERRAL:	
DEFENDAL COURCE	SPACE FOR PATIENT STICKER
REFERRAL SOURCE:	STAGE FOR FAITER STICKER
☐ BC Cancer ☐ Self ☐ Community ☐ Re-Referral	
PREREQUISITES:	
SELF-IDENTIFIED AS INDIGENOUS (FIRST NATIONS, METIS, INUIT); AND	
PATIENT GIVES THEIR CONSENT TO CONTACT INDIGENOUS PATIENT NAVIGATOR	
_	Prince George Divistoria DS
	Prince George
PATIENT INFORMATION – PLEASE PRINT  *Information <u>MUST</u> be completed for the referral to be processed	
Patient currently in Hospital Y \( \simega \) N \( \simega \)	*PHN/MRN
*Name:	*Data of hinth
*Name: Please describe your gender identity/pronouns:	*Date of birth:/
1.5500 5000,000 your Bender ractifity/proffounds.	DD MM YY
*Nation/Home Community:	*Address:
,	
[	l.
Status number	Support Porce / Faceut
*Patient Contact:  Home Cell	Support Person/ Escort: Relationship Phone
Email	Email
CLINICAL INFORMATION	
Santo and Children Children	
CLINICAL DIAGNOSIS	
Referring Professional	Primary Care Provider/ Clinic
Referring Professional Fax	Phone Fax
Email	Email
REQUESTED SUPPORTS/ SERVICES	
☐ Connection to elder/ spiritual advisor	
☐ Traditional and ceremonial practices, healing and medicines	
Accompaniment to medical appointments	
Connection/referrals to community supports, programs and services	
<ul> <li>□ Assist with transitions in care and return to community</li> <li>□ Translation services</li> </ul>	
☐ Translation services ☐ Travel and accommodation support	
□ Advocacy for:	
□ Other:	

Please submit completed form to: Indigenous Cancer Control – <a href="mailto:icc@bccancer.bc.ca">icc@bccancer.bc.ca</a>