

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

Health Care #

PHIN

Address

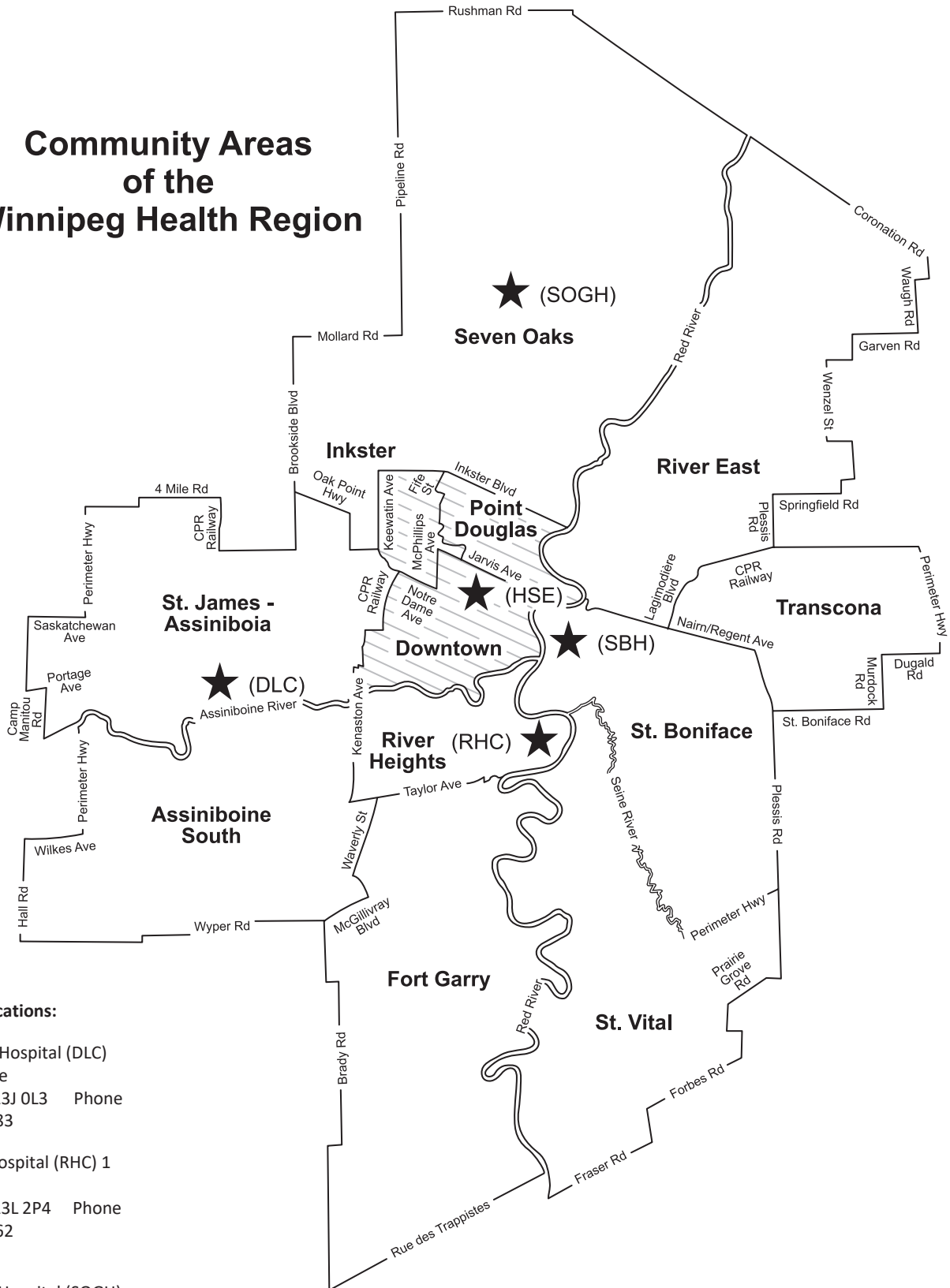
# DAY HOSPITAL REFERRAL

Complete all sections of the form and forward *with required information* to:

- Deer Lodge Day Hospital ..... Fax (204) 889-6871
- Riverview Day Hospital ..... Fax (204) 284-5386
- Seven Oaks Day Hospital ..... Fax (204) 632-8896
- St. Boniface Day Hospital ..... Fax (204) 237-6674
- For referral inquiries for Health Services on Elgin call: 204-940-1637

<b>CLIENT INFORMATION</b>	IS THE REFERRAL URGENT? <input type="checkbox"/> NO <input type="checkbox"/> YES    IF YES, WHY?										
	NAME OF CLIENT					LANGUAGE PREFERRED					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	ADDRESS					POSTAL CODE			PHONE #		
	DATE OF BIRTH			HEALTH CARD #		PHIN					
	DD	MMM	YYYY								
CONTACT PERSON					RELATIONSHIP			PHONE #			
<b>HEALTH AGENCIES</b>	PRIMARY CARE PROVIDER NAME					PHONE #			FAX #		
	HOME CARE CASE COORDINATOR NAME					PHONE #			FAX #		
	OTHER AGENCIES INVOLVED/CONSULTED: (Attach Reports)										
	<input type="checkbox"/> GERIATRIC PROGRAM ASSESSMENT TEAM		Name: _____			Phone #: _____					
	<input type="checkbox"/> GERIATRIC MENTAL HEALTH		Name: _____			Phone #: _____					
<input type="checkbox"/> COMMUNITY THERAPY SERVICES		Name: _____			Phone #: _____						
<input type="checkbox"/> OTHER		Name: _____			Phone #: _____						
<b>CLINICAL INFORMATION</b>	DIAGNOSIS/ACTIVE PROBLEMS										
	PAST MEDICAL HISTORY										
	RECENT HOSPITALIZATIONS										
	CURRENT MEDICATIONS (Attach up-to-date list or annotated Drug Program Information Network)					ALLERGIES			DIET		
	REASON FOR REFERRAL (What issues need to be addressed?)										
	REQUIRED INFORMATION (attach all relevant results, if available):										
	<input type="checkbox"/> SCAN/X-RAY (WITHIN LAST 6 MONTHS)					<input type="checkbox"/> OCCUPATIONAL THERAPY/PHYSIOTHERAPY ASSESSMENT					
	<input type="checkbox"/> RECENT EKG					<input type="checkbox"/> SPECIALIST ASSESSMENTS/CONSULTATIONS/DISCHARGE SUMMARIES					
	<input type="checkbox"/> ANY OTHER APPROPRIATE LAB VALUE					<input type="checkbox"/> SOCIAL INFORMATION					
	PATIENT IS AWARE AND IN AGREEMENT WITH THIS REFERRAL <input type="checkbox"/> YES <input type="checkbox"/> NO    PRIMARY CARE PROVIDER AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO										
NAME OF REFERRING AGENCY					REFERRAL COORDINATED BY			PHONE #			
SIGNATURE OF REFERRING SOURCE					DATE OF REFERRAL						
					DD	MMM	YYYY				

# Community Areas of the Winnipeg Health Region



## Day Hospital Locations:

Deer Lodge Day Hospital (DLC)  
2109 Portage Ave  
Winnipeg, MB R3J 0L3 Phone #: (204) 831-2583

Riverview Day Hospital (RHC) 1  
Morley Ave  
Winnipeg, MB R3L 2P4 Phone #: (204) 478-6262

Seven Oaks Day Hospital (SOGH)  
2300 McPhillips Street Winnipeg,  
MB R2V 3M3 Phone #: (204) 632-3106

St. Boniface Day Hospital (SBH)  
69B Goulet Street  
Winnipeg, MB R2H 0R5  
Phone #: (204) 953-6400

## Day Hospital Catchment Areas

DLC: St. James-Assiniboia & Assiniboine South  
RHC: River Heights & Fort Garry  
SBH: Transcona, St. Vital & St. Boniface  
SOGH: River East & Seven Oaks, Inkster

**Health Services on Elgin: (HSE),** provides service to the Inkster, Point Douglas and Downtown areas. If you have referrals for people in this area, please refer them to HSE. For referral inquiries for Health Services on Elgin call: 204-940-1637