



Positive Wellness Central Island

Central Island Liver Services

Telephone (250) 740-6942 Fax 250-740-6949 1665 Grant Avenue Nanaimo, BC V9S 5K7

Physician's Referral Form

Last Name (Please print)	First Name	Date of Birth (yyyy/mm/dd)	Telephone
Address			PHN

Reason for Referral: _____

Requested Services:

<u>CENTRAL ISLAND LIVER SERVICES</u>
1-Hepatitis Assessment by Physician <input type="checkbox"/> Medical Consultation
2-Nursing Support Only <input type="checkbox"/> Education, Immunization, Counseling, Support by Nurse <input type="checkbox"/> Nursing Treatment Support (Viral hepatitis followed by Dr. _____)

If available please attach results (only attach if not available in Powerchart):

<u>VIRAL HEPATITIS</u>
<ul style="list-style-type: none"> • Available hepatitis serology • CBC, Platelets, INR • Abdomen Ultrasound • Liver Biopsy • Related Immunizations • Previous viral Hepatitis Consultation

General Health History: _____

Current Medications: _____

Physicians Signature: _____ Date: _____