



**Street Health Centre**  
A part of Kingston Community Health Centres (KCHC)

115 Barrack Street  
Kingston ON K7K 1G2  
Tel: 613.549.1440  
Fax: 613.549.7986

www.kchc.ca

## SHC Referral Form – Hepatitis C Program

### Patient Information

Last Name: \_\_\_\_\_ First/Middle Names: \_\_\_\_\_  
DOB (dd-mm-yyyy): \_\_\_\_\_ Gender (circle one): Male Female Other  
Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Primary Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work/Other #: (\_\_\_\_\_) \_\_\_\_\_

### Referral Information

Date of Referral: \_\_\_\_\_  
Source of Referral: \_\_\_\_\_  
Family Physician/Primary Care Provider: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Private Line: (\_\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_  
Is patient supportive of this referral (please circle)? Yes No

### Clinical Information

**Please check if completed with results (attach relevant Public Health Labs)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> HCV antibody test           | <input type="checkbox"/> Reactive             | <input type="checkbox"/> Non-reactive         |
| <input type="checkbox"/> HCV RNA test                | Genotype: _____                               | Viral Load: _____                             |
| <input type="checkbox"/> Other Public Health testing |   |   |
| <input type="checkbox"/> HAV                         | <input type="checkbox"/> reactive             | <input type="checkbox"/> non-reactive         |
| <input type="checkbox"/> HBV                         | <input type="checkbox"/> no evidence immunity | <input type="checkbox"/> evidence of immunity |
| <input type="checkbox"/> HIV                         | <input type="checkbox"/> reactive             | <input type="checkbox"/> non-reactive         |

**Other relevant information:**

**Please attach all EMRs, medication list, CPP, consults, labs and treatment history.  
Fax referrals to SHC at 613.549.7986.**