



Provincial Health Services Authority

INDIGENOUS PATIENT NAVIGATOR REFERRAL FORM

DATE OF REFERRAL:

REFERRAL SOURCE:

- 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

REQUESTED REGION

- Vancouver Kelowna Prince George Victoria Surrey Abbotsford

PATIENT INFORMATION – PLEASE PRINT
\*Information MUST be completed for the referral to be processed
Patient currently in Hospital Y N \*PHN/MRN
\*Name: \*Date of birth: DD MM YY
\*Nation/Home Community: \*Address:
Status number
\*Patient Contact: Home Cell Email Support Person/ Escort: Relationship Phone Email
CLINICAL INFORMATION
CLINICAL DIAGNOSIS
Referring Professional Primary Care Provider/ Clinic
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
Assist with transitions in care and return to community
Translation services
Travel and accommodation support
Advocacy for:
Other:

Please submit completed form to: Indigenous Cancer Control – icc@bccancer.bc.ca