qathet Primary Care Priority Attachment Referral Form

qathet Primary Care Network

qathet Division of Family Practice
An FPSC initiative

PATIENT INFORMATION

Provide Patient HCR ID # (if known): _____

Name _____ **PHN** _____

Date Of Birth _____ **Email** _____

Address _____

Primary Phone _____ ◯ Cell ◯ Landline **Alternate Phone** _____ ◯ Cell ◯ Landline

Self-Identify as Indigenous? ◯ YES ◯ NO ◯ N/A **Consent to Contact Via:** ◯ PHONE ◯ TEXT ◯ EMAIL

Receiving Care from an FP/NP? ◯ YES ◯ NO **If Receiving Care, which PCP?** _____

Date & Location where Patient was Last Seen: _____

THIRD PARTY / ALTERNATE CONTACT FOR PATIENT (OPTIONAL)

Name _____ **Relationship** _____

Primary Phone _____ **Alternate Phone** _____

PRIORITY ACCESS CRITERIA

Without attachment, the patient is at risk of the following (check at least one)

◯ Significant deterioration of condition resulting in hospitalization ◯ Irreversable health impacts

◯ High risk of re-admission following complicated discharge ◯ Other: _____

OR the patient is part of the following priority popluations:

☐ New cancer diagnosis ☐ Child 12 yrs or under ☐ Pregnancy ☐ Waiting for LTC placement

DETAILS RE. PRIORITY ISSUE & BRIEF MEDICAL SUMMARY

PATIENT VERBAL CONSENT/AUTHORIZATION (PLEASE CHECK)

Patient has provided verbal consent/authorization for third party/alternate contact to be contacted and to speak on their behalf. ◯ YES ◯ NO ◯ N/A

Patient has provided verbal consent/authorization to qathet Division of Family Practice to share this information with a third party for the purpose of supporting attachment to a primary care provider through the Health Connect Registry (HCR). ◯ YES ◯ NO ◯ N/A

AUTHORIZED REFERRAL SOURCE

Name & Agency _____ **Phone & Email** _____

Referral Source ◯ Physician/NP ◯ Midwife ◯ Other: _____

Date of Referral _____

Fax completed form to 1-604-608-9706; incomplete forms will be returned to sender.

Please note that completion of this form **does not guarantee availability or immediate attachment** to a primary care provider.
For the protection of private patient information, the referrer may be contacted to further discuss relevant details and medical history.
For more information, contact the qathet Attachment Coordinator at **pcnattachment@prdivision.ca**.

Click to Clear Form

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About the Process:
The Priority Attachment Referral is an process that enables care providers to identify unattached patients who may benefit from prioritized attachment to a family physician or nurse practitioner; participation is elective. **This referral pathway does not provide urgent attachment or immediate access to a primary care provider (PCP) and submission of the referral form does not guarantee attachment within a specific timeframe.**

To be considered for priority attachment, a patient must:
- live within the qathet/Powell River Local Health Authority,
- be registered with the Health Connect Registry (HCR),
- meet at least one of the Priority Criteria listed on the referral form.

Requesting a Priority Attachment Placement:
1. Confirm if the patient can register themselves, or requires someone to register on their behalf, with the qathet/Powell River HCR by calling HealthLinkBC (8-1-1) or registering online: https://www.healthlinkbc.ca/health-connect-registry.
2. Complete the qathet Primary Care Priority Attachment Referral Form.
3. Fax the referral form and any relevant documents to 1-604-608-9706.

Important Reminders for Referrers:
- Priority Attachment Referrals are intended for patients with elevated or complex needs, but do not replace urgent or episodic care pathways.
- This referral pathway is designed to highlight individuals with urgent care needs; it does not guarantee urgent attachment or immediate access to a primary care provider.
- If the patient requires urgent or emergency attachment, it can be initiated outside of this process. Referring providers remain responsible for the patient's care and follow-up (if applicable) until attachment is confirmed.
- Patients should continue to access appropriate interim care as needed.
- Referrals are reviewed and attached based on chronological order and provider availability. Please note timelines for attachment fluctuate depending on the capacity and availability of PCPs within qathet.

The local Attachment Lead will receive the Priority Attachment Referral form, confirm the patient is registered in the HCR, and match them with a family doctor or nurse practitioner **when one becomes available**. The patient will be contacted directly once a PCP has capacity to accept them. Please note that the PCP accepting the priority referral may reach out to request relevant patient medical information.

Scan the QR code to access the Health Connect Registry (qathet/Powell River) online

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