



**CENTRAL VANCOUVER ISLAND HARM REDUCTION SERVICES (CVIHRs)**

**HARRIS HOUSE HEALTH CLINIC**  
375 FRANKLYN STREET NANAIMO, BC V9R 5B9  
PHONE (250) 753 6759 FAX (250) 753 6717  
TOLL FREE 1 844 482 4239

**LINK 2 TREATMENT REFERRAL FORM**

<b>Last Name</b>			<b>First Name</b>			<b>PHN</b>		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			<b>Date of Birth:</b> _____ (dd/mm/yyyy)			<b>Phone Number</b>		
<b>Address</b> <input type="checkbox"/> Unknown								
<b>Referral Source Details</b>								
<b>Contact Name</b>					<b>Phone Number</b>			
<b>Reason for Referral</b>								
Newly diagnosed: <input type="checkbox"/> HIV + <input type="checkbox"/> HCV+								
<input type="checkbox"/> Known HIV+/HCV+ Re-Engage client (Lost to Care)								
<input type="checkbox"/> Known HIV+/HCV+ Strengthen client engagement in care and treatment adherence								
<input type="checkbox"/> Co-Infection (HCV+/HIV+)								
<b>Date of Diagnosis:</b>								
HCV _____			HIV _____					
dd/mm/yyyy			dd/mm/yyyy					
<b>Client Status</b>			<b>Date (dd/mm/yyyy)</b>			<b>Comment</b>		
<b>Primary Care Provider</b>			(date of last visit)					
<b>Additional Details/Services Requested (barriers, significant medical history, medications and adherence issues, substance use, housing, financial, nutrition, etc.)</b>								