SIX NATIONS HEALTH SERVICES (SNHS) INTERNAL MEDICINE RAPID ASSESMENT CLINIC (IMRAC)

1769 Chiefswood Rd, Ohsweken ON N0A 1M0 Telephone: 519-445-2251 Fax: 519-445-4679

Patient Demographics

Phone Number

Last Name | First Name | Please enter a valid contact number

Address | Date of Birth

Street | City | Province | Postal Code | Day/Month/Year

Health Card Number | Email Address | Consent to use of Email

10-digit number | Version Code | Yes ☐ No ☐

Next of Kin (Emergency Contact) **Phone number**

Last Name | First Name | Please enter a valid contact number

Does Patient identify as ☐ First Nation ☐ Inuit. ☐ Métis

Referral Information

Date of Referral | Referring Physician/NP/HCW Please provide designation if not MD/NP | Phone Number | Fax Number

Referral Source (if applicable)

☐ Six Nations FHT	☐ BGH ER	☐ Community Paramedicine
☐ Primary Care Provider – outside Six Nations	☐ Public Health	☐ St. Joseph's Hospital - ER
☐ Community Health Teams/Case Managers/Social Worker	☐ Other	

Please indicate urgency of referral. If patient needs to be seen within less 48 hours-please contact the office and the internist on call for the week will call you to review/assess patient.

☐ Urgent (Within 2-5 days)	☐ Semi-Urgent (within 1-2 weeks	☐ Routine (within 3-4 weeks)

Please note that patient will be triaged and the urgency status may change.

Reason for Referral

Relevant PMHx, Medications, Medical Investigations-please indicate if information is available on Clinical Connect

Please indicate if patient requires any kind of assistance (check all that apply

☐ **Cognitive Impairment**	☐ **Mental Health History**	☐ **Mobility Issues**	☐ **Hearing Impairment**
☐ **Vision Impairment**	☐ **Translator Required (please indicate language):**		
☐ **Other**			

Referring Physician/NP/HCP's Signature | Billing Number (If applicable)

HCP=HealthCare Provider