Burnaby Primary Care Network

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MOSAIC
Engaging Newcomers, Enriching Communities

Referral to Mosaic Community Clinic (MCC)

Referral Date (mm/dd/yy):	
Referred by (your name):	Organization:
Referrers email:	Referrers work phone:

I confirm that the patient has consented to this referral ☐

Is the patient…	***Yes***	***No***
New to Canada (<3 years)	☐	☐
Unhoused or precariously housed	☐	☐
Experiencing complex mental health	☐	☐
A new mom (less than 2 weeks)	☐	☐
Self-identify as First Nations, Inuit, or Metis	☐	☐
Attached to a primary care provider elsewhere in the Metro Vancouver Region	☐	☐

PATIENT REFERRAL DETAILS

Last Name:	First Name:	Middle Initial(s):
DOB (mm/dd/yy):		

Gender: M ☐ W ☐ T ☐ Non-B ☐ Other ☐ Unsure ☐	Sex as listed on gov't ID: M ☐ F ☐ X ☐ Patient is on the Provincial Health Registry Y N
BC MSP#: IFHP:	☐ other Prov insurance ☐ Private Insurance ☐ Uninsured

Preferred Phone Number:	Email Address:	
Secondary Contact Number:	Who's number is this:	
I confirm that the patient consents to the clinic leaving a message at this number ☐		
Patient's Address: ☐ patient does not have an address	City:	Postal Code:

Patient's primary language(s):
The patient requires services in a language other than English: Y ☐ N ☐ **Language for interpreter:**
Does the patient have a **diagnosed chronic condition** the primary care provider should be aware of: Y ☐ N ☐ *If yes,* what:
Does the patient have a **disability or accessibility** issue to be considered to facilitate access to the clinic: Y ☐ N ☐ *If yes,* please elaborate:
What health concerns need to be discussed with the provider at their first appointment? (top 2 concerns) 1. 2.

The patient and/or referrer may be contacted for additional information prior to an appointment

CLINIC STAFF to complete:

Date reviewed: _____ Appointment date: _____

Denial of Service: Patient does not meet priority population criteria ☐ Patient is attached to a PCP elsewhere in the Metro Vancouver Region ☐

Patient has been referred to an alternate program or service Y ☐ N ☐ If yes, where? _____