

Patient Referral to Burnaby Primary Care Networks (PCN) Services

Please complete first and/or second page and fax to Burnaby PCN Central Intake: 604-398-8257

For patients attached to Burnaby FPs/NPs

SERVICES OFFERED:

Page 1: Clinical Pharmacist Services, B Well Health Coaching, Dietitian Services, Physiotherapy, Foot Care Nurse Services

Page 2: Social Work, Mental Health Counselling, Child & Youth Mental Health Counselling								
REFERRING FP/NP DETAILS Referral Date (dd/mmm/yyyy):								
	ed to your patient panel?	If No, the Burn	No, the Burnaby FP/NP is:					
Referring FP/NP Name:	, –	_	Referring FP/NP MSP#:					
Clinic Name:			Clinic Address:					
Office Phone Number:			Office Fax Number:					
PATIENT REFERRAL DETA Last Name:	AILS First Name			Middle Name:				
				Gender: M F Other:				
DOB (dd/mmm/yyyy):	rniv.		Pronouns Patient Identifies With:					
Preferred Phone Number:								
Secondary Phone Number:	Email Address							
			City: Postal Code:					
	es in another language?		Language:					
Does the patient identify themselves as First Nations or Indigenous?								
Select PCN Service(s) and Reason(s) for referral. See Page 3 for additional referral guidance.								
CLINICAL PHARMACIST SERVICES COMPLEX/HIGH NEEDS Age: 19+ Initial Consult Request: Pharmacist + Patient Pharmacist + FP/NP Other: Reason(s) for referral: Medication review Polypharmacy Drug therapy optimization Sub-optimal med outcomes/side effects Hx of falls/syncope Start/stopping med(s) Costly/complex meds Complexities from self-tx	B WELL HEALTH COACHING AT-RISK/EARLY CHRONIC DISEASE Age: 19+ Will benefit from lifestyle changes Reason(s) for referral: Obesity/Overweight Pre-diabetes Diabetes Diabetes Hypertension High cholesterol Risk for cardiovascular disease Sedentary lifestyle Other:	DIETITIAN SERVICES MILD TO MODERATE NEEDS Age: 19+ Cannot access services through other means Disease prevention or management for which another program does not exist Could benefit from targeted, short-term medical nutrition therapy Reason(s) for referral: Weight care & support (unintentional wt loss/gain/ cycling, poor oral intake, food insecure/justice issues) Chronic disease/co- morbidity support (e.g. early stage CVD) Gastro-intestinal needs (e.g. Celiac, IBS, IBD, unresolved GERD/food intolerances/ diverticulosis) Maternal health (e.g. prenatal and/or postpartum nutrition) Prelim support for disordered eating patterns (e.g. pt does not qualify for eating disorder programs) Other:			FOOT CARE NURSE SERVICES MILD TO MODERATE NEEDS Age: 19+ No access to private options Reason(s) for referral: Corns Lengthy nails Thickened nails Fungal nails Callous removal Educational support relating to foot care (e.g. bunions) Pre-diabetes/diabetes related foot care			
Education/Adherence Other: *Please provide additional context/meds of concern below.	Most recent blood pressure reading: Date taken: Height: Most recent weight: Date taken:			□ Other: *Please indicate relevant medical hx/conditions below.				
Additional details related to referral (please indicate and attach relevant medical history and current medications):								
□ Labs/other tests □ Pertinent medical notes □ Current medications list # of pages attached:								

PATIENT CONSENT: By submitting this form, I confirm I have discussed with my patient (or their legal guardian) and they understand and agree their personal information being collected and used by, and disclosed to the Burnaby Primary Care Networks, which consists of employees and agents of Fraser Health, and Burnaby Division of Family Practice, for the purposes of providing patient care.



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Is the referred patient attached to your patient panel?							
Referring FP/NP Name:	, , , , _	_	Referring FP/NP MSP#:				
Clinic Name:			Clinic Address:				
Office Phone Number:		Office Fax Nur	Office Fax Number:				
PATIENT REFERRAL DETA Last Name:	First Name	:	Middle Name:				
DOB (dd/mmm/yyyy):	PHN:		Gender: M F Other:				
Preferred Phone Number:		Pronouns Pati	Pronouns Patient Identifies With:				
Secondary Phone Number:		Email Address	Email Address:				
Patient Address:		City:	Postal Code:				
Does the patient require services in another language?							
Does the patient identify themselves as First Nations or Indigenous? 🗌 Yes 🗎 No 💮 If yes, does the person identify as status? 📄 Yes 📄 No							
Select PCN Service(s) and Reason(s) for referral. See Page 3 for additional referral guidance.							
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SOCIAL WORK	MENTAL HEALTH COUNSELLING	CHILD & YOUTH MENTAL HEALTH					
All ages	MILD TO MODERATE	COUNSELLING					
Not active w/ other Social	NEEDS	MILD TO MODERATE NEEDS					
Worker	Age: 19+Brief intervention	• Age: 10 – 24yrs					
Reason(s) for referral:	Suspected mild to moderate	 Not already connected to 					
☐ Connection to supports for abuse, neglect or	mental health and/or	other community resources					
self-neglect	substance use conditionCannot access services	No access to private services					
Unsafe environments	through other means	Reason(s) for referral:					
Financial hardship	(e.g. private pay, extended	☐ Depression ☐ Anxiety ☐ Stigma ☐ Substance use					
☐ Housing crisis ☐ Stress/bereavement	health benefits, WSBC, ICBC)	Psychosocial issues (e.g.					
☐ Difficulty navigating	Reason(s) for referral:	bullying, body image, family					
systems	☐ Depression ☐ Anxiety	stressors, immigration,					
Health care planning	Substance use Psychosocial issues	school adjustment):					
inquiries ☐ Social isolation/lack of	☐ Trauma ☐ Suicidal ideation	☐ Gender and sexuality					
support	Postpartum	exploration					
☐ History of aggressive	☐ History of aggressive	Behavioural issues					
behaviour Other:	behaviour Other:	☐ Parenting/family support and education					
□ Other.	Other.	Gaming/gambling					
		Other:					
	*PHQ-9 Score: *GAD-7 Score:	*PHQ-9 Score: *GAD-7 Score:					
	*GAD-7 Score: *CAGE-AID Score:	*CAGE-AID Score:					
	*Please attach PHQ-9, GAD-7,	*Please attach PHQ-9, GAD-7,					
	CAGE-AID forms, if available.	CAGE-AID forms, if available.					
Additional details related to referral (please indicate and attach relevant medical history and current medications):							
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Detailed Referral Guidance

BURNABY PCN ACCEPTS REFERRALS FROM BURNABY FPS/NPS FOR THEIR ATTACHED PATIENTS

- Patient must be attached to FP/NP
- FP/NP must refer eligible patients seen at their **Burnaby** medical practice
- *Unattached patients can be referred to Edmonds UPCC for Social Work and Mild to Moderate Mental Health Counselling Services

CLINICAL PHARMACIST SERVICES

COMPLEX/HIGH NEEDS

- · Comprehensive medication management services focused on the ongoing care of adult patients with complex conditions to prevent and resolve medication-related problems
- Education to patients about their medications and address barriers to
- · Collaborates with the patient (over as many visits as required) and healthcare team to implement treatment plans

Out of scope:

· Dispensing medications; Patients in LTC facilities covered by Pharmacare Plan B; Home Visits

B WELL HEALTH COACHING

AT-RISK/EARLY CHRONIC DISEASE

- · Offers lifestyle and behavioral health coaching using evidence-based approaches to support adults in making small, manageable, and selfdirected steps to improve mental and physical wellbeing and reduce onset or progression of chronic disease
- Core Service is ~6-9 months, followed by maintenance check-ins and monthly email communications for up to an additional 12 months

Out of scope:

- Mental health concerns in need of targeted intervention first (e.g personality disorder, moderate/severe depression)
- Physical health concerns in need of targeted intervention first (e.g. chronic pain - please refer to pain clinics and self-help pain resources (PainBC); For BMIs over 45, please direct your referral to the PCN Dietitian for targeted treatment. An Intra-PCN referral to B Well can be completed by PCN Dietitian once targeted treatment is complete.)

DIETITIAN SERVICES

MILD TO MODERATE NEEDS

- · Offers comprehensive nutritional assessmen; Culturally-informed medical nutrition therapies (MNT); Education; Connection to community supports/resources
- Dosage: 1-5 sessions per client (over the course of ~3-6 months); 30-60 minute sessions
- Collaborate with PCN SW, MH for holistic support and B Well for ongoing lifestyle & behavioural change support

Out of scope:

- Already attached to (or patient has access to) dietitian services such as private, community, Home Health, outpatient, diabetes or renal services
- Complex conditions requiring stabilization & long-term follow-up (e.g. new tube feeds, post-op GI surgeries, advanced kidney disease, eating disorders)

PHYSIOTHERAPY

MILD TO MODERATE NEEDS

In-person and virtual, individualized services for adults 19+ with mild to moderate MSK conditions or injuries or mobility concerns requiring assessment and brief intervention (1-6 sessions)

Out of scope:

- · Patient has access to PT through other means (e.g. private pay, extended health benefits, WSBC, ICBC
- · Home Health PT patients
- Complex conditions requiring targeted or more intensive interventions (e.g. CVA rehab, ABI rehab)

FOOT CARE NURSE SERVICES

MILD TO MODERATE NEEDS

- · Conducts thorough foot assessments, footwear review, mobility review, assessment of nails, skin, and circulation
- Provides medical pedicures (trimming, filing and cleaning of toenails thinning of thickened toenails), basic wound care, foot care education
- Acts as connector to specialists, community supports, resources
- Can give ongoing support every 6-8 weeks as needed, depending on service demands

Out of scope:

Patient has access to foot care nursing through private options

SOCIAL WORK

• Supports individuals of all ages to manage a variety of emotional and social concerns that impact their health and wellbeing

Out of scope:

- · Already attached to a community / Home Health Social Worker
- Patient referred solely for mental health concerns (re-direct to PCN
- · Urgent needs (with the exception of allegations of abuse, neglect, or self-neglect)

MENTAL HEALTH COUNSELLING

MILD TO MODERATE NEEDS

· For adults 19+ with mild to moderate mental health or substance use needs, requiring brief intervention (~6 sessions)

Out of scope:

- Patient is at imminent risk of harm to self/others
- Moderate to severe mental health needs (re-direct to MHSU)
- Patient has access to counselling services through other means (e.g. private pay, extended health benefits, WSBC, ICBC

CHILD & YOUTH MENTAL HEALTH COUNSELLING MILD TO MODERATE NEEDS

- Suggested case conference with PCN Child and Youth Mental Health Clinician and the referring provider
- For youth 10-24yrs, offering a variety of services including counselling coping skills, system navigation and resource linking for mild to moderate Mental Health needs among young people (6-10 sessions)
- "Family Centred Approach" whereby parents/caregivers can join sessions (with consideration to child/youth age, comfort, preference)

Out of scope:

- Patient is at imminent risk of harm to self/others
- Patient has access to services through private options

REFERRAL NEXT STEPS: A Burnaby PCN Clinician will connect with the patient and may share the treatment plan with the referring FP/NP after their first visit together. Ongoing communications related to patient care can be directed to the PCN Clinician.

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