

**MANITOBA HIV PROGRAM
REFERRAL FORM**

The testing practitioner is responsible for communicating HIV test results to the patient.

All patients who test positive for HIV should be referred to the Manitoba HIV program with client consent.

Today's date (dd/mmm/yyyy): / /		
PATIENT INFORMATION		
Last name:	Street address:	
First name:	City/town:	
MB Health #:	Postal code:	
PHIN:	Primary phone number:	
Date of birth (dd/mmm/yyyy): / /	Can we leave a confidential voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Secondary phone number:	
	Can we leave a confidential voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Two spirit <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to specify	Email:	
	Social media handle:	
	Client preferred language: Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specimen date of positive HIV test (dd/mmm/yyyy): / /	Notes related to contacting client (alternate contact, community services, etc):	
Site of HIV test: New HIV diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Acute symptoms:		
Medical history (attach HIV antigen/antibody report and other relevant investigations):		
PROVIDER INFORMATION		
Referring provider first and last name:	Phone number:	Fax number:
Client requests (select one):		
<i>Both primary care and HIV care at:</i> <input type="checkbox"/> Nine Circles Community Health Centre, 705 Broadway, Winnipeg <input type="checkbox"/> 7 th St. Health Access Centre, Brandon <hr/> <i>HIV care only at (patient must have a primary care provider):</i> <input type="checkbox"/> Health Sciences Centre Ambulatory Clinic, Winnipeg <input type="checkbox"/> 7 th St. Health Access Centre, Brandon		
First and last name of provider who will provide primary care:	Phone number:	Fax number:

REFER CLIENTS BY FAX TO: 204-318-3181

1-866-449-0165

www.mbHIV.ca

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