MANITOBA HIV PROGRAM

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REFERRAL FORM

The testing practitioner is responsible for notifying patients who test positive for HIV.

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

https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv.pdf

Today's date (dd/mmm/yyyy):		
PATIENT INFORMATION		
Last name:	Street address:	
First name:	City/town:	
MB Health #:	Postal code:	
PHIN:	Primary phone number: Can we leave a confidential voice message? ☐ Yes ☐ No	
Date of birth (dd/mmm/yyyy):	Secondary phone number: Can we leave a confidential voice message? ☐ Yes ☐ No	
Sex at birth: ☐ Male ☐ Female		
Gender identity: ☐ Male ☐ Female ☐ Non-binary ☐ Two spirit ☐ Other ________________________ ☐ Prefer not to specify	Email: Social media handle: Patient's preferred language: Interpreter required: ☐ Yes ☐ No	
Specimen date of positive HIV test (dd/mmm/yyyy): Site of HIV test: New HIV diagnosis: ☐ Yes ☐ No	Notes related to contacting client (alternate contact, community services, etc):	
Acute symptoms (consult MB HIV Program if signs of serious illness, advanced HIV or opportunistic infections):		
Referral package checklist: Where possible, attach baseline investigations as per the *MB HIV Program Primary Care Recommendations*: https://mbhiv.ca/healthcare-providers/guidelines/		
☐ Medical history (medications, allergies, psychosocial, etc) ☐ HIV specific results (HIV test, CD4 cell count, HIV viral load, etc)	☐ Comorbid conditions (TB, Hepatitis, etc) ☐ STBBIs ☐ Non-infectious comorbidities	
PROVIDER INFORMATION		
Referring provider first and last name:	Phone number:	Fax number:
Primary care provider first and last name (if different from above):	Phone number:	Fax number:
☐ Patient does not have a primary care provider.		
Once referral is received, the MB HIV Program may contact the patient to help determine the best site for care and notify the referring provider of assigned care site. The care site will contact the patient to book a comprehensive HIV intake and initiate HIV treatment. Once the patient is stable on treatment, with consistent viral load suppression, the MB HIV Program will provide recommendations to primary care providers for ongoing treatment and monitoring.		

REFER PATIENTS BY FAX TO: 204-318-3181

CONSULT: 1-866-449-0165