



Health and Wellness Kamloops

Referral

181 Victoria SW, Kamloops, BC,
V2C 1A5
Ph: 825.222.4681
Fax: 855.975.2566
wellnesskam@theseed.ca

* 1. Date

Date

Date

MM/DD/YYYY

* 2. Referral Source Contact Information

Referral Source

Phone

Fax

Email

Department

Location (Internal
Only)

* 3. Has the client consented to this referral? (If you are self referring, please disregard this question)

Yes

No

***If the client has not consented to this referral, they will not be contacted**

Client Details

* 4. Client Contact Information

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Ethnicity	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Province	<input type="text"/>
Postal Code	<input type="text"/>
Phone Number	<input type="text"/>
Health Care Number	<input type="text"/>

* 5. If you are self referring, can staff leave voicemails on your phone?

Yes

No

* 6. Physician Information

Name

Phone Number

* 7. Emergency Contact Information

Name

Phone Number

Relationship to
Client

Requested Action

* 8. Please choose only one

Advocacy - System Navigation and Supports

Foot Care Nurse

Taxes

Mental Health Counselling

Income Support

Housing Support

ID Services

ARCHPass / KAMPass

Treatment / Healthcare navigation

Hearing Test / Audiology

Address for mail service

ID / Document storage

* 9. Reason For Referral

Please be advised that upon availability you may be added to a waitlist. Once an appointment becomes available for you, you will be contacted for booking.