



Three Corners Health Services Society
150 North 1st Avenue
Williams Lake, BC
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CONFIRMATION OF REFERRAL FORM

Three Corners Health Services Society is responsible for Medical Transportation. As part of our policy, we require that a written document be signed and/or stamped by your office to confirm that the following client has been referred to see a specialist outside of Williams Lake.

PLEASE CONFIRM THAT: _____ **DOB:** _____

HAS BEEN REFERRED BY:

Doctor's Name: _____

HAS BEEN REFERRED TO:

Doctor's Name: _____

REASON FOR APPOINTMENT:

(ie. consultation, diagnostic tests, treatment/surgery or follow-up)

ESCORT REQUIRED FOR MEDICAL REASON **NO** **YES**

REASON FOR ESCORT:

- Client has a physical/mental disability such that he or she requires assistance with activities of daily living, such as bathing, dressing, feeding and decision-making (describe below why and how the escort would be assisting the client).

- Client requires assistance with all his/her activities of daily living as a result of a current medical condition (give description of why and how the escort would be assisting the client).

- Client requires legal consent by a parent or guardian (i.e. client is a minor)
- Client needs a translator, if translation services are not available at the health facility (i.e. client does not speak or understand English)
- A family member requires instructions on necessary medical procedures that cannot be given to the client alone (describe what instructions are being given).

- General Anaesthesia (Day Surgery)
- Client does not need an escort for medical or legal reasons

PHYSICIAN'S PROFESSIONAL STAMP AND/OR SIGNATURE