



Circle of Indigenous Nations Society

Main Office: 1801 Connors Road Castlegar BC V1N 3N9

Boundary Office: 7525 12th Street PO Box 1917 Grand Forks BC V0H 1H0

Website: www.coinations.net

Referral Form for Aboriginal Patient Navigator

Client Name _____

Date: _____

Nation/ Band _____

FN/Metis Status # _____

D.O.B _____

Health Care Number: _____

Phone #: _____

Can we leave a message? Yes__ No__

Email: _____

Do you have a Family Doctor or Nurse Practitioner? Yes__ No__

If so, at which clinic? _____

Social Worker involvement & Contact Information: _____

Attending Physician: _____

Additional Health Care Providers: _____

Reason for referral: _____

What hospital is patient admitted: _____

Is patient requesting supports (elder, ceremony, drumming etc.): _____

Translator required:

FOR COINS STAFF ONLY

Circle of support completed: Yes__ No__

Discharge plan: _____



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Informed Consent Signed: Yes__ No__

Other Notes:

West Kootenay: Please fax this referral to: Katie Rumbolt : 250-399-0699

Boundary: Please fax this referral to: Ashley Williams: 250-352-0384