

#124, Meadowlark Health and Shopping Centre,156 Street & 87 Avenue Edmonton, AB T5R5W9

Community Health Navigator Referral Form

Program Exclusion Criteria

Minor (Under 18 years of age)

Resides in LTC or Designated Supported Living

History of violence of aggressive behaviour

Patient unable to provide consent

Patient does not have capacity or alternative decision maker involved

Date of Referral:	
Patient Information	Address:
Full Name:	
PHN:	
DOB:	Home Phone Number:
Sex Assigned at Birth:	Cell Phone Number:
Gender:	Email:
Referring Provider	
Name:	Clinic:
EWPCN Clinician (Complete if referral initiated by nursing or other primary care team member)	
Name:	
Communication	
Patient provides consent to receive program and	Support Person Name:
appointment information by email? Yes \square No \square	Relationship:
Contact the following to book appointment:	Phone Number#:
Patient □	
Support Person (with patient's consent) \square	
Safety	
Are you aware of any safety concerns around the CHN conducting a home visit? \square Yes \square No	
Additional Requirements	
☐ Patient has hearing requirements	☐ Interpreter Required; specify language:
\square Patient has visual impairment	☐ Patient is wheelchair bound or requires travel assistance
Chronic Conditions: Please list all chronic conditions	
Social Determinants of Health: Please select all that apply	
Is the patient experiencing any of the following barriers that may be affecting their ability to manage their health?	
☐ Poverty or financial strain ☐ Food insecurity	☐ Social isolation ☐ Cultural barriers
☐ Employment barriers ☐ Housing concerns	☐ Transportation barriers ☐ Low health literacy
Incomplete Referrals will be Returned	
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