BRITISH COLUMBIA | Ministry of Social Development and Social Innovation

Hospital Case Management Routing Sheet

Fax Number: 1-844-371-8894

Sheets including cover: _____

SR # _____

Confidential

To: _____

Attn: _____

From: _____

Hospital: _____

Phone #: _____ Ext: _____ Fax #: _____ Email: _____

Client is in receipt of Income Assistance ☐ Yes ☐ No ☐ Unknown

Client's Full Name (including middle name): _____

Gender: ☐ Male ☐ Female PHN # _____ and/or SIN # _____

Please ensure that "Consent to Disclosure of Information (ROI)" is attached

Is an interpreter required? ○ Yes ○ No Language: _____

What is the client's estimated discharge date? _____

Priority: ☐ Critical (same day) ☐ Urgent (24 hrs) ☐ By Date _____

Details of request(s):

☐ General questions (not related to a specific client):