



<b>Acute Peer-to-Peer Program Contact:</b>			
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**Acute Peer-to-Peer Program Referral Form**

The purpose of the Acute Peer-to-Peer Program is to provide a unique link for newly diagnosed people living with HIV, or those not engaged in care or those who are admitted to hospital and who are living with HIV. The Peer Mentor, with the consent of the person living with HIV, will act in a supportive role to assist in linking and engaging individuals in care, to re-engage them into care, and to assist in maintaining them in care. It is the goal that utilizing a peer model will help decrease the time to engagement in care and will assist in meeting clients “where they are at”.

**Please complete form to the best of your knowledge.**

**Referrals may be called or faxed to the contact noted above.**

<b>Referral Information</b> <b>Date of Referral:</b> _____ <b>Referring Service Provider:</b> _____ <b>Referred by:</b> <ul style="list-style-type: none"><li><input type="radio"/> Infectious Disease Clinic</li><li><input type="radio"/> Public Health</li><li><input type="radio"/> Other: _____</li></ul>
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Client Name: _____ Address: _____ Phone (or contact number): _____ Person with whom a message may be left, if unable to reach client (per client): _____ Date of Birth: (dd/mm/yy) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <b>Criteria for referral to Acute Peer-to-Peer Program (please check as appropriate):</b> <ul style="list-style-type: none"><li><input type="radio"/> Newly diagnosed HIV positive</li><li><input type="radio"/> HIV positive and in hospital</li><li><input type="radio"/> HIV positive and not engaged in care</li></ul>
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Additional Comments:  
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