



## HIV CONSULTATION

FAX REFERRALS TO **613-737-8009**

Please send the following information for the referral:

Patient information	Laboratory/radiology testing
<p><b>Please provide patient contact information</b></p> <p><input type="checkbox"/> Contact number</p> <p><input type="checkbox"/> Email address</p> <p><b>HIV diagnosis:</b> <input type="checkbox"/> New <input type="checkbox"/> Known to patient</p> <p><b>Antiretroviral medications</b> (please list):</p> <hr/> <hr/>	<p><input type="checkbox"/> HIV antibody result</p> <p><input type="checkbox"/> Hepatitis B result</p> <p><input type="checkbox"/> Syphilis serology result (symptoms, past treatment)</p> <p><input type="checkbox"/> TB testing result (IGRA)</p> <p><input type="checkbox"/> Chest x-ray (if available)</p> <p><input type="checkbox"/> Hepatitis C (if available)</p> <p>Please provide copies of results of other appropriate tests that have been done.</p>
<p><b>Other medications</b> (please list):</p> <hr/> <hr/>	
<p><b>Vaccination history</b> (if available):</p> <p><input type="checkbox"/> COVID-19 initial <input type="checkbox"/> booster</p> <p><input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella</p> <p><input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Influenza</p>	

- The patient will be called within one week for a nursing intake visit and may be seen by the multidisciplinary team (physician, social worker, pharmacy, clinic coordinator).
- The patient will usually have an appointment with a physician 2 weeks later.
- Ongoing HIV care will be offered to patient.

Clinic Address: Module G, 2nd floor, The Ottawa Hospital General campus (501 Smyth Rd, Ottawa, ON K1H 8L6)

Clinic Contact: 613-737-8856, [modulegclinic@toh.ca](mailto:modulegclinic@toh.ca)