



Application for Primary Care Clinic

Phone: 604-558-8090
Fax: 236-317-4270
Email: risereferral@cnh.bc.ca
Website: www.cnh.bc.ca/RISE
Address: 5198 Joyce Street
Vancouver, BC V5R 4H1

- RISE uses a team-based care approach. Our team includes family doctors, nurse practitioners, community health workers, nurses, medical office assistants, dietitians, physiotherapists, counsellors, social workers, pharmacists and more.
- RISE serves **Renfrew-Collingwood residents** who do not have a regular Nurse Practitioner or Family Doctor. You must live in this outlined area. Do you live in the outlined area?
 No Yes
- **We do not accept people with tourist and/or student VISA.** Do you have a student or tourist VISA?
 No Yes
- Counselling and physiotherapy services are **only available to RISE clients** who do not have extended health benefits or active ICBC claims, WorkSafe BC Benefits and other third-party insurance (this requires an internal referral from a RISE team member).
- For more information, please visit the FAQs on our website www.cnh.bc.ca/RISE



Date: _____

Applicant Name: _____ Pronouns: _____ Date of Birth: _____
(First, Last) (he, she, they, etc.) (month/day/year)

Home Address: _____
(Unit#, street, postal code, city) *if you move outside the service area between submitting the referral form and your first intake appointment, please contact us as your referral will likely no longer be accepted*

No fixed address

Phone: _____ Alternate Phone: _____ Email: _____

Preferred Method of Contact: Phone Email Letter Other: _____

Is it okay to leave a message? Yes No

If you are completing this form for someone else, please fill out the following questions:

Referrer Name: _____
 Relation with Applicant: _____
 Referrer Phone: _____
 Email: _____
 Agency or Department (if applicable): _____

Language and/or Hearing impairment interpretation is available if needed. Is this something you need?

No Yes If yes, language? _____

Do other members of your family want to apply? No Yes (Fill out a separate form for each member)



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RISE serves clients that experience barriers to care and face social challenges.

Please check any of the following boxes that apply to you:

- Low Income
- LGBTQ2S+
- Newcomer to Canada
- Social Isolation
- Indigenous
- Unstable Housing
- Experiencing Abuse
- Substance use issues (alcohol, drugs, etc)

What are your pressing health concerns at this time?

Where have you had medical care in the last year?

- No medical care in the last year
- Walk-in Clinic
- Family Doctor/Family Nurse Practitioner:
Name of Provider: _____
- Name or Address of clinic: _____
- Hospital or Urgent Primary Care Centre

Do you have any of the following coverage options? (Check all that apply):

- BC Services Card or Personal Health Number
- Interim Federal Health Benefits (Refugee Status)
- Non-Insured Health Benefits (First Nations Status)
- Extended Healthcare Benefits (Ex. BlueCross, Sunlife etc)
- None

Are any of your family members clients at RISE CHC? No Yes *(If yes, please list names)*

Names: _____

PLEASE SUBMIT YOUR APPLICATION VIA EMAIL (risereferral@cnh.bc.ca) OR IN PERSON

*Once your application has been received, a staff member will follow up within the **next 2-4 weeks** to discuss your application. Applications will be accepted based on service area and prioritized based on RISE CHC's mandate to serve Renfrew-Collingwood Community with barriers to accessing primary care.*