Provincial Health Services Authority
Province-wide solutions. Better health.

BC MENTAL HEALTH & SUBSTANCE USE SERVICES
An agency of the Provincial Health Services Authority

Name:

DOB:

PHN:

HIV or HCV Discharge Planning Form

HCV ☐ HIV ☐ HIV-HCV co-infection ☐

Anticipated Court Date: **Anticipated Discharge Date:**

MEDICATIONS:

Active HIV Rx (ART): ☐ **Provided 2 weeks ARTs on person:** ☐ **n/a:** ☐

Active OAT Rx: ☐ **Provided Appropriate Duration OAT:** ☐ **n/a:** ☐

Active HCV Rx (DAAs): ☐ **Provided 2 weeks DAAs on person:** ☐ **n/a:** ☐

Community Pharmacy: _____ Community OAT Pharmacy: same ☐ other ☐ _____

Community Pharmacy notified ☐

St. Paul's (BCCFE) Pharmacy notified: (fax – template on shared drive) ☐

COMMUNITY:

Community of Release: _____ ☐ Residence ☐Recovery ☐ Shelter

Contact Methods: Cell: _____ Alt Cell: _____ Email: _____

Community HIV Care Provider: _____ Community OAT Provider: same ☐ other ☐ _____

Community HCV Care Provider: _____

Physician to Physician Contact Made: ☐

Community Provider/s notified of Anticipated Court or Release Date: ☐ e.g. fax sent to HIV or HCV community care provider

Appointment with Community Care Provider/s Date: _____

Refer to primary urgent care clinic (if no regular community primary care provider): ☐

Refer to Community Outreach Worker/Team: ☐ *(e.g. CTT if eligible, Unlocking the Gates, etc.)*
Appointment with Outreach Worker Date: _____

In case patient is unexpectedly discharged (e.g. from court), notification faxed to treatment provider/s: ☐

BLOODWORK:

Corrections bloodwork faxed to Community Provider: ☐

Standing Bloodwork (1, 3, and 6 months post release) if applicable, Faxed to Community Phlebotomy Clinic: ☐

Copied to Community Provider: ☐

OTHER:

MSP/CareCard Active: ☐

Consent to Contact Sexual and/or Drug Use Partners: _____

Contact Details of Partners: _____

COMPLETED BY: **DATE COMPLETED:**

Most responsible nurse/care provider in corrections (name):