

**FOUNDRY VANCOUVER-GRANVILLE  
PRIMARY CARE REFERRAL**

Home and Community Referral

For other services available at Foundry Vancouver-Granville please check our website <https://foundrybc.ca/vancouver-granville>

*Primary Care is often the first point of contact into the health care system where health care needs are assessed and treated. The goal of primary care within the Foundry Vancouver-Granville (FVG) clinic is to provide comprehensive, high quality health care for young people between 12 and 24 years of age.*

As per the Foundry Service Model Guide, Primary Care services at Foundry provide longitudinal care, which involves coordinating patients' day-to-day health care needs. Our clinic is geared towards youth who experience multiple health and psychosocial barriers to accessing traditional health care services. This primary care is provided until either the patient is connected to another community primary care provider, or they age out of services.

Primary Care services include sexual health services, physical health services, mental health services, substance use services, and basic wound care.

**Drop-In Services:** Youth can "drop in" for walk-in services from 1:30 to 4:00 pm Monday to Friday for sexual health and wound care services with a nurse or can be seen by a prescriber for other health needs. These services are dependent on availability, so youth may not be able to be seen or can be subject to wait times.

**Booked appointments:** Only youth who are formally attached to our clinic can book appointments in advance.

Primary Care also uses the following eligibility criteria to determine which youth will be attached to the clinic:

- **Age 12 to under 24 years**

Given the importance of rapport for longitudinal care, we start transitioning youth to other community primary care providers at the age of 24, therefore we will not accept new referrals beyond this age. Youth can access services until they turn 25.

- **Lives in the City of Vancouver**

Youth must be Vancouver residents (with Vancouver addresses) OR precariously housed (i.e. if they have no fixed address but are staying in a Vancouver shelter/Vancouver area indefinitely). This is to ensure that we are meeting the needs of the Vancouver community and attaining contractual attachment targets. Please consider if an alternative Foundry clinic is available closer to their location.

- **Does not have a primary care provider/team or access to services at other clinics**

When determining whether we attach a youth to our primary care services, we consider whether they have an existing family doctor and if they are able to access primary care services at other locations (i.e., other clinics or post-secondary institutions). Exceptions can be made for youth who have a family doctor but have made a permanent move outside their service area.

**Fax completed referral and copies of all relevant information to:**

**FOUNDRY VANCOUVER-GRANVILLE / INNER CITY YOUTH PROGRAM: 604-297-9671**  
**Phone: 604-806-9415 Email: ICYMHP@providencehealth.bc.ca**

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<b>FOUNDRY VANCOUVER-GRANVILLE PRIMARY CARE REFERRAL</b>	Place Patient Label Here
Home and Community Referral	

REFERRAL SOURCE		
Referring person:		Role/Organization:
Phone:		Email:
Referral Date (dd/mmm/yyyy):		Signature:
YOUTH INFORMATION		
Legal name: (first/last)		Name used by youth: <div>Pronouns:</div>
DOB:(dd/mmm/yyyy)	PHN:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____
Consent: Youth has consented to referral and agrees to being contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred gender of provider: (understanding this cannot be guaranteed) _____		
Youth's address: _____ If No Fixed Address, where can we find this youth: <input type="checkbox"/> Shelter: _____ <input type="checkbox"/> Other: _____		
Best way to reach the youth: Phone: _____ Email: _____ If youth has no phone, contact: Name: _____ Phone: _____		
Does the youth have a primary care provider? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why is access to Foundry Primary Care being requested?		
Other health care services attached (e.g. CLBC, mental health team, etc.):		
Reason for referral:		
Past medical history: <input type="checkbox"/> list attached		
Medications: <input type="checkbox"/> list attached		
Allergies: <input type="checkbox"/> None known, or		
Substance Use History (substances, duration, route):		Goals for treatment (OAT, contingency management, harm reduction, etc.):
Other information about the youth that will help our team: (e.g. cultural practices, fears related to health care, etc.)		



**FOUNDRY VANCOUVER-GRANVILLE  
PRIMARY CARE REFERRAL**

Home and Community Referral

Place Patient Label Here or complete

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth :(dd/mm/yyyy): \_\_\_\_\_

PHN: \_\_\_\_\_

**Office Use Only**

☐ **Foundry Vancouver-Granville Primary Care Referral Accepted**

- We will contact the youth and arrange their appointment for intake.
- The youth will be required to attend an intake appointment with one of the Primary Care providers to be attached to our Primary Care team.
- If the youth does not respond or scheduled intake appointments are missed, the referral will be closed.

☐ **Foundry Vancouver-Granville Primary Care Referral Declined**

Unfortunately, your Primary Care referral has been declined for the following reason(s):

- ☐ Youth has declined the referral.
- ☐ Youth does not meet the eligibility criteria (see page 1).
- ☐ Youth meets the eligibility criteria, but, due to limited capacity, we are not currently accepting new referrals at this time.

Please check back on the Foundry Vancouver-Granville website and re-refer when indicated.

<https://foundrybc.ca/vancouver-granville/>