



Special Immunology Services (SIS) Clinic Referral Form  
www.hamiltonhealthsciences.ca/sis

Complete Form • ATTACH REQUIRED DOCUMENTS • Fax to: 905-521-8675

Patient Information – Name, Address, DOB – print clearly or affix label

Last: First:  
Apt.: Address: City:  
Prov.: Postal Code: PH: home: cell:  
Health Card # or IFH or UHIP:  
Date of Birth:  
(dd/mmm/yyyy)  
Non-English patients – Language spoken: Interpreter required: yes [ ] no [ ]

Referring Physician PRINT CLEARLY: Billing #:

Address:  
City: Prov.: Postal Code:  
PH: Fax:  
Family Doctor – if different than referring:

Please attach the following with the SIS Clinic Referral Sheet:  
Positive HIV test result *\*required\**  
Most recent CD4 and HIV viral load result (if available)  
Genotype (if available)  
HCV genotype and HCV RNA (if applicable)  
Medication list  
Consult notes (if available)  
Other test results e.g. urine, x-ray, etc. (if available)  
*\*if the patient is on any medication and is moving to this area, please ensure that a three month supply is provided.*

COMMENTS/NOTES:

TO BE COMPLETED BY SIS CLINIC:

Please inform the patient that the first appointment will be on: \_\_\_\_\_ with the  
Social Worker at \_\_\_\_\_ am/pm and Nurse at \_\_\_\_\_ am/pm. Lab work will also be completed. This  
appointment will be approximately 3 hours in duration.  
The second appointment with one of the SIS Physicians will be booked at a later date (typically within a month of the first  
appointment) and the details will be provided at the first appointment.  
The SIS Clinic is located at The West End Clinic, 690 Main Street West, Hamilton ON L8S 1A4. There are parking facilities located  
behind the building off Macklin Street. (there will be a charge for this). If the patient is unable to attend this appointment, please  
have them call (905) 521-5075 to reschedule.

**Please instruct patient to bring ALL medications to ALL appointments.**

Completed by: Faxed on: