Preferred VIRCAN site:

VIRAL HEPATITIS CARE NETWORK

TORONTO MIDTOWN, 1975 Avenue Rd., 2nd Fl. P: 416 922 6022 | F: 416 927 9100

> **RICHMOND HILL**, 328 Hwy 7 E., Suite 301 P: 905-771-8821 | F: 905-771-8481

SCARBOROUGH, 3030 Lawrence Ave E., Suite 510 P: 416-431-4402 | F: 416-431-0762

> **ETOBICOKE**, 817 Brown's Line P: 416-503-2626 | F: 416-503-2665

Please advise patients to bring a complete list of all current medications and supplements

Patient Information:	Referring Physician Info: (or Stamp here)
Last: First:	Last: First:
Gender: M F Date of Birth: (DD/MM/YY)	Suite #: Address:
Apt: Address:	
City: Prov.: Postal Code:	City: Prov.: Postal Code:
Home phone: () Cell Phone: ()	Phone: () Fax: ()
Preferred Language Spoken to:	** OHIP Provider # **
Health card # (or IFH or UHIP):	Signature:
VC: Prov.:	

VIRCAN REFERRAL REQUEST:		
REASON FOR REFFERAL (or QUESTION to be answered):		
Elevated Liver Enzymes		Fatty Liver
Hepatitis B		Autoimmune
Hepatitis C		Cirrhosis
OTHER:		
Patient is pregnant	Due Date:	(**for Hep B patients)
Additional Clinical Information:	(please add additional pages if r	required)

TORONTO VIRAL HEPATITIS CARE NETWORK (VIRCAN)

EXECUTIVE DIRECTOR: Dr. Harry Janssen | SCIENTIFIC DIRECTOR: Dr. Jordan Feld | EDUCATION DIRECTOR: Dr. Hemant Shah MEDICAL DIRECTOR: Dr. Joshua Juan | CLINICAL HEPATOLOGIST: Dr. Karli Moncrief | MANAGING DIRECTOR: Camelia Capraru CLINICAL NURSE: Kathy Poldre | COMMUNITY OUTREACH & ENGAGEMENT LEAD: Aaron Vanderhoff