

Request For A Culturally Competent Clinical Consultation

Patient's Name: _____ Immigration Status: _____

A.C.H.# _____ Religion: _____

Language(s) Spoken: _____ Sex: _____

Country of Origin: _____

Primary caregiver (Immediate contact): _____

Family History (How long lived in Calgary/Canada, etc.): _____

Social Supports: _____

Nature of Request _____

Suggested Strategies: _____

Source of Information (Library, Internet, Videos):

Timeframe (Period from the date 'Request' was made to the date 'Suggested Strategies were received?'):

Outcome of Consultation:

Follow-up (if any):

Consultation requested by:

Program:

Date:
