



FORT FRANCES TRIBAL AREA HEALTH SERVICES INC.

PO BOX 608, Fort Frances, Ontario, P9A 3M9
Phone: 807-274-2042 Fax: 807-274-2050

REFERRAL FORM

Date: _____

HEALTH SERVICES

- Home and Community Care
(Nursing / Diabetes Ed. / Foot Care)
 Public/Community Health
 Child's First Initiative (18 yrs. & under)

For referrals for the above services:
Fax: (807) 274 - 2050

BEHAVIOURAL HEALTH SERVICES

- Mental Health and Counseling
 MATW Healing Centre (Treatment)
 Crisis & Brief Services

For referrals for the above services:
Fax: (807) 274 - 3211

Client Information:

First Name:	Last Name:
Anishinaabe Name:	Clan:
Date of Birth (D/M/Y):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Female <input type="checkbox"/> Decline
Street Address/Mailing Address:	Home Phone Number:
City and Province:	Cell Phone Number:
Postal Code:	Email:
Health Card #:	Community:
Status Card #:	<input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve
Suicide Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Not Applicable/No Risk	

Parent/Caregiver Information:

First Name:	Last Name:
Street Address/Mailing Address:	Home Phone Number:
City and Province:	Cell Phone Number:
Postal Code:	Email:

Referral:

Reason for Referral:

For physician/NP orders, please attach script or instructions.

Referral Source:

Referred by:	Relationship to client:
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Office use only:

Referral received by:	Date:
Assigned to:	Supervisor signature:
Entered into client database: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	