|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referral Source/Date:** |  | | | | | |
| **Is client aware of referral?** |  | | | **Are we able to identify you as a referral source?** | |  |
| **CLIENT INFORMATION:** | | | | | | |
| **Name:** | | **Gender:** | **D.O.B:** | | | |
|  | |  |  | | | |
| **Address:** | | | | | ***Telephone:*** | |
|  | | | | | (   )    - | |
| **OHIP Number:** | | | | | | |
|  | | | | | | |
| **Emergency contact**: | | | | | | |
|  | | | | | | |
| **Mental Health Diagnosis (if known)**: | | | | | | |
|  | | | | | | |
| **Medications:** | | | | | | |
|  | | | | | | |
| **Substance Abuse: (Frequency/Duration):** | | | | | | |
|  | | | | | | |
| **Psychiatrist and Family Doctor/Nurse Practitioner:** | | | | | | |
|  | | | | | | |
| **Reason for Referral:** | | | | | | |
|  | | | | | | |
| **Any safety concerns or hazards within the home: (ie: bed bugs, weapons, violence)** | | | | | | |
|  | | | | | | |

**Contact (519) 973-4409, Email:** [**windsor.coast@hdgh.org**](mailto:windsor.coast@hdgh.org)**, or**

**Fax: (519) 973-1989**