



Referral Form Couchiching Ontario Health Team NP-Led Episodic Care Clinic

Phone: 705-325-2201 ext. 8250

Fax: 705-325-4171

This is a temporary service. ALL patients MUST register with Health Care Connect to obtain a permanent Primary Health Care Provider

*NO Narcotic Prescriptions will be provided

*Patients must be 13 years of age or older

Do you have a Family Physician or Nurse Practitioner in Simcoe / Muskoka:

YES NO

*If the answer is YES, patient does not meet criteria for this service

Registered with Health Care Connect: YES NO Will Complete Application

Legal Name:

Preferred Name:

Gender Identity:

Sex Assigned at Birth:

Date of Birth: dd/mm/yyyy ____/____/____

Address:

Phone: ____ - ____ - ____

May we leave messages on patient's phone? YES

NO

Emergency Contact:

Name:

Relationship:

Phone:

Health Card Number: _____

Version Code: ____

Date of Expiry dd/mm/yyyy ____/____/____

Preferred Pharmacy:

Phone Number:

Allergies (medications/food/environmental):

Current Health Concerns (Please List):

Medications:
Medical History:
Surgical History:
Mental Health History:
Drug/Alcohol Use:
Previous/Current Involvement with community supports/organizations:
Date of Referral:
Patient Signature:
Referral Source:
Where would you have sought care today if this clinic was not available to you:

**** Please fax referral form with any pertinent documentation to 705-325-4171 ****