



REFERRAL FORM

Couchiching OHT Care Clinic

For individuals without a primary care provider
Phone: 705-325-2201 ext. 8250 | Fax:705-325-4171
Email: COHTCareClinic@osmh.on.ca

The COHT Care Clinic provides episodic access to interim primary care. ALL patients MUST register with Health Care Connect to obtain a permanent Primary Health Care Provider. Patients are permitted to self refer.
This clinic is unable to prescribe narcotics.

Registered with Health Care Connect: YES NO

Patients can call: 1-800-445-1822 or go [online](#) | Alternate option include [Health 8-1-1](#)

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):



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Medications:
Medical History:
Surgical History:
Mental Health History:
Drug/Alcohol Use:
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 ****