

COHT Unattached Care Clinic

119 Memorial Ave, Suite 103



FAX- 705-325-4171 PHONE- 705-329-3649 ext. 231 message: Heather (hr2)

REFERRAL FORM

The COHT Unattached Care Clinic provides episodic access to interim primary care. Patients are permitted to self refer. Patients are required to register with both the Health Care Connect (HCC) program and the Couchiching Nurse Practitioner and Family Physician waitlist to obtain a permanent primary care provider. This Clinic cannot prescribe narcotics.

Registered with Health Car	e Connect: Yes	No Registered with Couchiching Waitlist: Yes No
Patients can call: 1-800-445-18	322 or go online Alternate opt	ion include Health 8-1-1. For Couchiching Waitlist go online to coht.ca
PATIENT INFORMATION:		
Legal Name:		Preferred Name:
Address:	City:	Postal Code:
Phone Number:		Alternate Phone Number:
DOB:	Age:	Health Card with Version Code:
Gender:		Email:
Pronouns:		Can we leave messages on patients phone?
Emergency Contact:		
Name:	Relationship:	Phone:
Pharmacy:		
Preferred Pharmacy:		Phone:
Allergies:		
Current Health Concerns (please list):		☐ Preventative Care Clinic Referral
Medications:		
Past Medical/Surgical Hist	ory:	
Mental Health/Drug and A	Icohol Use:	
Referral Source:		
Name and Agency:		Contact Information:

PLEASE FAX REFERRAL FORM AND ANY OTHER PERTINENT INFORMATION TO 705-325-4171