



CLIENT REFERRAL FORM

Please send this completed Referral Form with supporting documents to the appropriate location. Kindly refer to our Programs & Services Guide to determine where services are offered. This guide is available on our website: www.wechc.org

<input type="checkbox"/> Diabetes Wellness site 2885 Lauzon Parkway, Unit 107, Windsor, ON N8T 3H5 Tel: 519-997-2823 Fax: 519-945-7864	<input type="checkbox"/> Leamington site 33 Princess St, Suite 450, Leamington, ON N8H 5C5 Tel: 519-997-2828 Fax: 519-324-9940	
<input type="checkbox"/> Pickwick site 7621 Tecumseh Road E, Windsor, ON N8T 3H1 Tel: 519-997-2827 Fax: 519-948-7700	<input type="checkbox"/> Sandwich site 3325 College Ave, Windsor, ON N9C 4E6 Tel: 519-258-6002 Fax: 519-258-7896	
<input type="checkbox"/> Street Health site 711 Pelissier St, Units 2, 3, 4, Windsor, ON N9A 4L4 Tel: 519-997-2824 Fax: 519-252-3733	<input type="checkbox"/> Teen Health site 101 – 1361 Ouellette Ave, Windsor, ON N8X 1J6 Tel: 519-253-8481 Fax: 519-253-0891	
REFERRAL SOURCE:		
Referring MD / NP / Agency / Other:	Date:	
Phone:	Fax:	
CLIENT INFORMATION:		
Name:	Date of Birth:	
Address:	Phone:	
Health Card Number:	Alternative Contact Info:	
REASON FOR REFERRAL:		
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Chronic Disease Management Therapeutic Exercise Program
<input type="checkbox"/> Counselling	<input type="checkbox"/> Diabetes Wellness	<input type="checkbox"/> Hepatitis C Program
<input type="checkbox"/> Foot Care	<input type="checkbox"/> Speech Language Pathology	<input type="checkbox"/> Respiratory Wellness
<input type="checkbox"/> OT Home Assessment Falls Prevention Program	<input type="checkbox"/> Master Your Health (Education Classes)	<input type="checkbox"/> Harm Reduction / Addiction Services
<input type="checkbox"/> Other:		
MEDICAL HISTORY / MEDICATION LIST / SUBSTANCE USE / HARMFUL BEHAVIOUR:		
OT & CDM REFERRALS (ONLY):		
Transfers		
Ambulation		
Balance		
Gait Speed		
Walking Distance		
HEP C REFERRALS (ONLY):		
<input type="checkbox"/> New HCV Diagnosis for Treatment	<input type="checkbox"/> Psychological/Social Support	
<input type="checkbox"/> Consult Assessment	<input type="checkbox"/> Retreatment Assessment	

Client is Aware of Referral: Yes No

Can a Confidential Message Be Left on Primary Phone Number Given? Yes No

Signature of Referral Source: _____

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WINDSOR ESSEX COMMUNITY HEALTH CENTRE SERVICES

Type of Referral	Location					
	Diabetes Wellness site	Leamington site	Pickwick site	Sandwich site	Street Health site	Teen Health site
Active Aging (Therapeutic circuit & pool classes)			✓			
Certified Diabetes Educators / Registered Nurses	✓					
Chronic Disease Management			✓			
Counselling - General	✓	✓	✓	✓	✓	✓
Counselling - Addiction Support (age 12-24 years)						✓
Diabetes Wellness	✓					
Eating Disorder Treatment & Support						✓
Education & Exercise Classes			✓			
Falls Prevention			✓			
Foot Care				✓	✓	
Group Classes / Diabetic Education Sessions	✓					
Harm Reduction / Addiction Support Services		✓	✓	✓	✓	✓
Health Promotion		✓	✓	✓		
Hepatitis C Testing, Treatment & Support		✓			✓	
Identification Clinic					✓	
Laundry Services (Registered Clients Only)					✓	
Master Your Health - Chronic Pain Education & Diabetes Education			✓			
Naloxone Kits		✓			✓	
Occupational Therapy & Grab Bar			✓			
Prenatal Support						✓
Primary Care		✓	✓	✓	✓	
Primary Care (age 12-24 years)						✓
Registered Dietitian	✓	✓	✓	✓	✓	
Respiratory Wellness Program			✓			
Speech Language Pathology			✓			
Supportive Services					✓	
System Navigation					✓	✓
Walking Program			✓			

**Where multiple locations are indicated, send the completed form to the location preferred by client*