



Refugee Health ICT Referral Form



Date:

Family Name/ Patient Name/ OHIP#'s/ IFH #/ Address/
DOB/ Primary Phone #

Place Patient Label Here

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Emergency Contact:

Referring Physician:

Phone:

Interpretation Required? Yes No

Preferred Language:

Please check off areas of concern (Describe any selected below):

- Symptoms of Mental illness
- Addictions
- Grief Support
- Abuse/ Relationship Concerns
- 2SLGBTQ+ concerns
- Transportation/ Navigating the City
- Home or Community Supports (Ex. OT, PT, PSW etc.)
- Food Security
- Financial Concerns
- Housing Concerns

- Social Isolation
- Access to English Language Programs
- Community & Cultural Services
- Legal Concerns
- Employment Support
- Support with Appointment Attendance
- ID Support (ex. Health card, birth certificate)
- Education
- Form completion
- System navigation
- Other _____

Additional Information/ Comments:

Do you require an update?

Fax Phone

For Office Only

Date of Client Contact:

Please Fax referrals to: 519-578-2109 or complete a phone referral by calling 519-498-8295.

**CFFM-Joseph Street Site
25 Joseph Street
Kitchener, Ontario, N2G 4X6
Fax 519-578-2109**

