



Main Office
 233 S Court St, 1st Floor
 Thunder Bay, ON P7B 2X9
 Tel: (807) 344-4575
 Fax: (807) 344-2977

Clinic Site
 101 Syndicate Ave N, Suite 510A
 Thunder Bay, ON P7B 3V4
 Tel: (807) 346-2370
 Fax: (807) 346-2371

CLIENT NAME: _____
 SEX: _____ PRONOUNS: _____
 D.O.B. _____ COMMUNITY _____
 HEALTH CARD : _____

REFERRAL FORM

Client aware of referral to Matawa Health Co-op Consent Form Attached Verbal Consent Given

REFERENT INFORMATION:

Health Fair Booth Health Care Provider Other (Please Specify) _____ Telephone Number : _____

Name of Referent : _____ Date: _____

Address: _____ Email : _____

City/Town/Village: _____ Province: _____ Health Care Provider: _____

Phone (H): _____ Phone (W): _____ Health Care Phone: _____

Parent/Guardian Phone: _____ Alternate. Contact: _____ Alternate. Phone: _____

First Nation: STATUS METIS NON STATUS LIVING IN THUNDER BAY Status #

Brief Medical History: _____ Allergies: _____

Diagnosis: _____ Medication List Attached: _____

SERVICES REQUESTED SPECIFIC ORDERS/REQUESTS:

Traditional Healing Services	Clinic Services
Foot Care Services	Primary Care Services
Diabetic Chronic Basic	

MENTAL HEALTH SERVICES

One on One Counselling	Short-Term Case Management	Grief/Loss
Self-Harm Behaviors/Suicidality	Wellness Checks	Substance Use/ Addiction Concerns
Referral and Service Navigation	Brief Mental Health History	

COMMUNITY HEALTH SERVICES / PUBLIC HEALTH SERVICES

Pre/Post Natal Education	Education Session	Wound Care
Physical Assessments	Screening Clinics	Growth & Development

DIABETES / NUTRITION EDUCATION SERVICES Current Lab Attached

Insulin Adjustments	Medication Education	Diabetes Screening Clinics
Education Sessions	Nutrition Education	Dietician Service

PLEASE FAX ALL COMPLETED REFERRAL FORMS TO (833) - 662-2287—Confidential EMR Fax or (807) 346-2371—Confidential Fax