



Main Site

233 Court St. South
 Thunder Bay, ON P7B 2X9
 Tel: (807) 344-4575
 Toll Free: (800) 463-2249
 Fax: (807) 344-2977

Clinic Site

101 Syndicate Ave N, Suite 510A
 Thunder Bay, ON P7B 3V4
 Tel: (807) 346-2370
 Toll Free: (833) 625-3611
 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 #

Past Medical History Attached: _____ Medication List Attached: _____ Allergies: _____
 Laboratory Test(s) Attached: _____

SERVICES REQUESTED

Diabetic Foot Care Services	Dietitian Services	Traditional Healing Services
Basic Foot Care Services	School Health Promotion	Primary Care Services
Public Health / Community Health Services	Pre—Post Natal Services	Diabetes Services

MENTAL HEALTH SERVICES

One on One Counselling	Referral and Service Navigation	Grief & Loss
Suicide Prevention Services	Substance Use / Addiction Concerns	Wellness Check

REASON FOR REFERRAL

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