

SHELTER HEALTH GRCHC REFERRAL FORM

363 Colborne Street - Brantford, ON N3S 3N2

FAX COMPLETED FORM TO: 519-754-0757

GRCHC provides shelter health, mental health, addictions, and primary care support with our Nurse Practitioners and Registered Nurse. Our team provides care to people who are homeless or precariously housed and have no family doctor.

REFERRAL REQUIREMENTS

Although a referral is not mandatory, it can assist us in providing improved quality care.

Our referred clients do not require a health card to receive care.

Please check all that apply:

- Follow up after an ER visit
- Mental health and addiction issues
- Pregnant patients with no care provider
- Infectious disease follow-up or chronic disease management

We do NOT prescribe controlled substances, please do not set up this expectation.

Please direct client to appropriate clinic and provide schedule.

TO BE COMPLETED BY REFERRING EMERGENCY DEPT. PROVIDER

Patient Demographics (name, age, physical description, where they are staying, contact phone number if they have one):

Issues requiring follow-up:

Prescribed medication(s) started in the ER:

Pending investigations or consultations:

ED Provider signature: _____