One Team Recovery Referral From

Personal Information

First Name:	Last Name:
Preferred Name if different than above:	
Preferred Pronoun: him/he ☐ her/she ☐ they/them ☐ prefer to self-describe:	
Street Address:	
City:	Postal Code:
Phone: (home) (Cell) (Work)	
Email Address:	
Gender:	Sexual Orientation:
Date of Birth:	
Health Card Number:	
Language Spoken: English ☐ French ☐ Other:	Requires interpreter ☐

Program Specific

Type of Referral: Self-Referred: ☐ Physician Referred: ☐ Name of referral source: Community Referral: ☐ Name of referral source:
How did you hear about OTR? Family Doctor/Nurse Practitioner ☐ Specialist ☐ Friend/Family ☐ WECAS ☐ WTCC ☐ WECHC ☐ ECNPLC ☐ ESFHT ☐ Windsor Pride ☐ HDGH ☐ Website ☐ Facebook ☐ Other Please specify:
OTR program Preference: OTR Non-specific ☐ OTR LGBTQ+ specific ☐ Aftercare ☐ Friends & Family ☐ *please skip to consent*
Are you currently pregnant? Yes ☐ No ☐ Unsure ☐ N/A ☐
Do you currently have children in your care? Yes ☐ No ☐ N/A ☐
Substance Being Used:

Consent

Patient provided verbal consent to participate in Team Care? ☐ Yes ☐ No
Patient provided verbal consent for Team Care to leave a confidential voicemail? ☐ Yes ☐ No
Patient provided verbal consent for referral to be issued to the OTR partner organization responsible for facilitating the session to be enrolled in: ☐ Yes ☐ No *Note: all OTR partner organizations are Health Information Custodians and subject to Personal Health Information Protection Act, and include the following: Essex County Nurse Practitioner-Led Clinic, Erie Shores Family Health Team, Windsor Essex Community Health Centre*

Eligibility

- ☐ Must be 16 years or older
- ☐ Must have an OHIP number
- ☐ Must have housing and a contact number
- ☐ Does not have a primary diagnosis of Schizophrenia
- ☐ Has no active mania or psychosis

If in crisis please contact the Hotel-Dieu Grace Healthcare Community Crisis Centre at 519-973-4435.