



# REFERRAL FORM

## SENIOR SUPPORT SERVICE - CPHC



Please return the completed referral form by FAX: (613)342-8992.

If you have any questions please call our staff at (613)342-3693 or 1-800-465-7646

### CLIENT INFORMATION

NAME: \_\_\_\_\_ DATE OF REFERRAL: \_\_\_\_\_  
Day Month Year

ADDRESS: \_\_\_\_\_  
Street#/Apt# Street Name City Province Postal Code

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
Day Month Year Male Female

TELEPHONE NUMBER: (HOME) \_\_\_\_\_ CELL #: \_\_\_\_\_

ALTERNATE CONTACT PERSON (IF APPLICABLE): \_\_\_\_\_ PHONE: \_\_\_\_\_

OHIP NUMBER: \_\_\_\_\_

### REFERRING HEALTHCARE PROVIDER INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRAL SOURCE: Family Physician/NP/Physician Assist. South East LHIN SMILE  
Geriatric Mental Health Comm. Team Self Regional Care Coord.

ODSP ID# Ontario Works Other: \_\_\_\_\_

### PLEASE CHECK REFERRAL SERVICES REQUESTED

ADULT DAY PROGRAM	TRANSPORTATION	MEALS ON WHEELS (HOT OR FROZEN)
FOOT CARE	DINERS CLUB	HOME HELP / HOME MAINTENANCE
IN-HOME RESPITE	LIFELINE	EXERCISE & FALL PREVENTION
CARETIVER SUPPORT & EDUCATION	STROKE SURVIVOR AND CAREGIVER SUPPORT GROUP	

### ANY FURTHER COMMENTS REGARDING THIS REFERRAL

| 1.800.465.7646 | 2235 Parkedale Ave. Brockville, ON K6V 6B2 | [www.cphcare.ca](http://www.cphcare.ca) |

| Supported by the South East Local Health Integration Network |

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