

WINDSOR TEAM CARE CENTRE (WTCC) REFERRAL FORM

Complete first page of referral form only



2475 McDougall St, Suite 150, Windsor, ON N8X 3N9

Phone: 519-250-5656 Fax: 519-250-3894

www.windsorfht.ca

Our Mandate: Provide multidisciplinary care in collaboration with Primary Care Providers in Windsor-Essex for patients with chronic conditions, mild to moderate mental health, and addictions through team-based allied health.

Patient Information			Date of Referral:		
Name: (First, Last)			Address:		
Date of Birth:			OHIP #:		
Phone: (H) (M)			Email:		
Language:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline	Gender Identity:	
Patient provided verbal consent to participate in Team Care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Patient provided verbal consent for Team Care to leave a confidential voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please review service descriptions, inclusion, and exclusion criteria on page #2 of sample form or at www.windsorfht.ca. Individuals should exhaust all third-party healthcare insurance prior to referral.

Services Requested (Service descriptions and criteria are explained on page #2 of sample referral form)

Please identify requested services by checking the boxes below for WTCC programs.

- | | |
|---|----------------------------|
| <input type="checkbox"/> Addiction Counselling
<input type="checkbox"/> Dietitian/Nutrition Counselling
<input type="checkbox"/> Foot Care
<input type="checkbox"/> Lung Health (including Pre/Post Spirometry)
<input type="checkbox"/> Memory Clinic
<input type="checkbox"/> Mental Health Care
<input type="checkbox"/> Musculoskeletal (MSK) Health
<input type="checkbox"/> Oral Health Education Program
<input type="checkbox"/> Pharmacy/Medication Reconciliation | Reason for Referral/Notes: |
|---|----------------------------|

Requested Documentation/Attachments

- Patient Medical Profile *(all referrals)*
- Recent Imaging *(MSK Health)* ☐ N/A
- Primary psychiatric diagnosis & co-morbidities, including addictions & pain disorders *(Mental Health Care)* ☐ N/A
- Psychiatry consultation notes *(Mental Health Care)* ☐ N/A

Provider Stamp:

The Windsor Team Care Centre is a program of the Windsor Family Health Team and funded by the Ministry of Health.