

Name and Agency:

COHT Unattached Care Clinic



Couchiching

Family Health Team

119 Memorial Ave, Suite 102

FAX- 705-325-4171 PHONE- 705-329-3649 ext. 231 message to: Sarah st4

REFERRAL FORM

The COHT Unattached Care Clinic provides episodic access to interim primary care. Patients are permitted to self refer. ALL patients MUST register with Health Care Connect to obtain a permanent Primary Health Care Provider. This clinic is unable to prescribe narcotics.				
Registered with Health	Care Connect:	Yes] No	_
Patients can	call: 1-800-445-1	1822 or go onl	line Alternate option include Health 8-1-1	
PATIENT INFORMATIO	N:			
Patient Name:			Preferred Name:	
Address:			Postal Code:	
Phone Number:			Alternate Phone Number:	
DOB:	Age:		Health Card with Version Code:	
Gender Identity:			Email:	
Sex assigned at birth:			Can we leave messages on patients phone?	
Emergency Contact:				
Name:		Relationship:	Phone:	
Pharmacy:				
Preferred Pharmacy:			Phone:	
Allergies:				
Current Health Concerns (please list):			☐ Preventative Care Clinic Referral	
Medications:				
Past Medical/Surgical	History:			
Mental Health/Drug ar	nd Alcohol Use:			
Referral Source:				

PLEASE FAX REFERRAL FORM AND ANY OTHER PERTINENT INFORMATION TO 705-325-4171

Contact Information: