

Community Health Centre

Mobile Health Team



REFERRAL FORM: Community Health Centre Mobile Health Team

The main purpose:

The Mobile Community Health Centre (MCHC) Team works alongside people who are 16+ and not connected to a Family Doctor or a Nurse Practitioner. We provide community-based primary and social care across the Halton region to those who are unhoused/unsheltered and experience complex health care concerns. The MCHC team will meet clients in the community or at one of our several walk-in clinic locations across Halton Region. The team consists of a physician, a peer, nurses and a social worker.

Visit www.supporthouse.ca/CHC for the most up-to-date schedule.

Why would you refer:

1. The person needs primary care but is unattached or has barriers connecting to their provider.
2. The person may be unhoused/unsheltered and in need of primary care support.
3. The person may have complex care needs, including mental health and substance use concerns.
4. They would benefit from assertive low barrier primary care supports that can meet them in the community.

Eligibility criteria* (tick all that apply):

1. Unsheltered/unhoused or at risk of becoming unsheltered/unhoused
2. Unattached or have barriers connecting with primary care
3. Have complex mental health and substance use/addictions
4. Other complex/comorbid health conditions

How to access:

1. Community Clinical partners – refer through www.one-Link.ca or 905-338-4123
2. Community Partners - send this form to chc@supporthouse.ca
3. Self-Refer

Complete the sections below:

Section A: Client Information (Fill out as much info as you can)

Was this referral form completed with the client?				Yes	No
Client name: (First, Last)		Pronouns and Gender		Preferred method of contact	
Add Substitute Decision Maker name (if applicable):					
Add Substitute Decision Maker phone number:					
COTS ID*	VI-SPDAT* or LOCUS	Phone number		Email address	
Birthdate (month/day/year)		Current location			
Health Card Number:					
Does not have Health card		Reason: (eg. Not eligible, lost, etc.)			
Does the client require interpretation services?		Yes		No	
Explain:					
Indigenous Status:			Race/Ethnicity:		
First Nations Inuk/Inuit Metis Other Indigenous Non-Indigenous Do not know Prefer not to answer			Black East Asian Latin American Middle Eastern South Asian Southeast Asian White Other: Not applicable Do not know Prefer not to answer		

Section B: Referral Information

Please explain the reason for the referral,
Please forward any supporting documentation (recent psychiatry note, recent CPP,
bloodwork, medication list.)

Please check all applicable needs:

General Health Care/Chronic Disease Management
Complex Case Management
Counselling
System Navigation
Lab Tests
Wound Care
Withdrawal Management
Substance Use Management
Prescribed Alternatives
Mental Health Medication Management
Other:

Please check all the MCHC Team should be aware of:

Self Harm Suicidal Ideation Suicide
Physically Violent/Aggressive Behaviour
Substance Use Risk (substances of choice):
Anxiety Trauma
Psychosis (Hallucinations/Delusions)
Depression
Recent Hospitalizations
Other:

Is the client being supported by a Family
Physician? If yes, contact information:

Yes

No

Are there any known diagnoses? If yes, please list:		Yes	No
Please list if the client is being supported by a specialist (example: Psychiatrist, Infectious Disease, Endocrinologist):			
Is a Community Treatment Order in effect?		Yes	No
Date of Expiry: (month/day/year)	Monitoring Physician:		

Section C: Warm Transfer	
Please let us know what dates work for you for a warm transfer meeting.	
Dates/Time	<p>Preferred Time:</p> <p>Preferred Time:</p> <p>Preferred Time:</p>

Section D: Referral Source Information		
Referral form completed by:		Agency
Email	Phone number	Date

By clicking this box I am consenting for Support House's Mobile Community Health Centre team to review my medical history file in Clinical Viewer.