

one-Link Referral Form: Fax to 905-338-2878

Inquiries: Toll Free: 1-844-216-7411

Website: www.one-Link.ca



Date of Referral:			
CLIENT INFORMATION		OHIP #	
Last Name:		First Name:	
Date of Birth (D/M/Y)		Gender:	
Street Address:		City:	Prov. Postal Code
Phone:		Can a message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Contact Information:		Relationship:	
Name:			
Phone:			
Preferred Language:			
Is an interpreter requested? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Barriers to Communication: <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Sight Impairment <input type="checkbox"/> Other			
Is this client being discharged from an Emergency Department? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify hospital:			
Is this client being discharged from an Inpatient Unit? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify hospital:			
<input type="checkbox"/> <i>Please check if limited consent was obtained, and some information was withheld by the client</i>			
Reason for Referral:			
Medications: list or attach all current medications:			
Is supportive housing requested? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are Vocational Supports requested? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Referral Source Information: (affix sticker or stamp here)		Billing #:	
First & Last Name (print):			
Professional Designation:			
Office Address:			
Phone #:			
Fax #			

Before faxing clinical information, please ensure fax number (905-338-2878) is automatically programmed into your equipment. This facsimile transmission is confidential, may contain legally privileged information and is intended for the review by only the individual or party to whom it is addressed, and for no one else. If it is received by someone other than the intended recipient, any dissemination, distribution or copy of this facsimile transmission is strictly prohibited. Please notify us immediately by phone and return the facsimile transmission to us by mail. One-Link is compliant with current privacy legislation. One-Link collects personal information for clinical service coordination assessment and treatment, research, and legal and regulatory purposes. **Form updated: October 2016**