



A program of the  
Windsor Family Health Team



## One Team Recovery Referral From

### Personal Information

First Name:		Last Name:	
Preferred Name if different than above:			
Preferred Pronoun: <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <b>prefer to self-describe:</b>			
Street Address:			
City:		Postal Code:	
Phone: (home)		(Cell)	(Work)
Email Address:			
Gender:		Sexual Orientation:	
Date of Birth:			
Health Card Number:			
Language Spoken: <b>English</b> <input type="checkbox"/> <b>French</b> <input type="checkbox"/> Other:			Requires interpreter <input type="checkbox"/>

### Program Specific

<b>Type of Referral:</b>			
Self-Referred: <input type="checkbox"/>			
Physician Referred: <input type="checkbox"/>		Name of referral source:	
Community Referral: <input type="checkbox"/>		Name of referral source:	
<b>How did you hear about OTR?</b>			
Family Doctor/Nurse Practitioner <input type="checkbox"/> Specialist <input type="checkbox"/> Friend/Family <input type="checkbox"/>			
WECAS <input type="checkbox"/> WTCC <input type="checkbox"/> WECHC <input type="checkbox"/> Windsor Pride <input type="checkbox"/>			
ECNPLC <input type="checkbox"/> ESFHT <input type="checkbox"/> HDGH <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/>			
Other Please specify:			
<b>OTR Program Preference:</b>			
OTR Universal <input type="checkbox"/> OTR 2SLGBTQIA+ <input type="checkbox"/> OTR Aftercare <input type="checkbox"/> Friends & Family <input type="checkbox"/> <i>*please skip to consent*</i>			
Have you ever attended the OTR before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you currently pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A <input type="checkbox"/>			
Do you currently have children in your care? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			

### Consent

Patient provided verbal consent to participate in the ONE Team Recovery Program (OTR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient provided verbal consent for ONE Team Recovery to leave a confidential voicemail?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Eligibility

<input type="checkbox"/> Must be 16 years or older
<input type="checkbox"/> Must have an OHIP number
<input type="checkbox"/> Must have housing and a contact number
<input type="checkbox"/> Does not have a primary diagnosis of Schizophrenia
<input type="checkbox"/> Has no active mania or psychosis

*OTR is a program of the Windsor Family Health Team and is provided through a partnership with the Essex County Nurse Practitioner Led Clinic and Windsor Essex Community Health Centre.*

**Windsor Family Health Team,**  
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