

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.windsortcc.ca. Individuals should exhaust all third-party healthcare insurance prior to referral.

Services Requested <small>(Service descriptions and criteria are explained on page #2 of sample referral form)</small>	
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	
<ul style="list-style-type: none"> • Patient Medical Profile <i>(all referrals)</i> • Recent Imaging <i>(MSK Health)</i> <input type="checkbox"/> N/A • Primary psychiatric diagnosis & co-morbidities, including addictions & pain disorders <i>(Mental Health Care)</i> <input type="checkbox"/> N/A • Psychiatry consultation notes <i>(Mental Health Care)</i> <input type="checkbox"/> N/A 	

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