

Outpatient Mental Health Social Worker

Referrals Can Be Made By Anyone

Patients can access the Social Worker at the Ambulatory Care Clinics in both Wingham and Listowel

Complete the referral form and fax to:
519-291-1528

If you have questions please contact the social worker Katie at
226-622-4855



Do You Know Someone Who...

- Is over the age of 16 yrs with a valid OHIP card?
- Has social determinants of health that are contributing to anxiety or depression?
- Needs help with income supports (ODSP; OW; EI; CPP-D)?
- Needs help with workplace forms, securing work or advocacy?
- Is having difficulty securing forms of identification (i.e. SIN card; birth certificate, OHIP card)?
- Needs help with health care and mental health system navigation?
- Wants to improve their social supports but unsure where to turn?
- Needs a referral to long term mental health supports but unsure which one(s)?
- Needs addiction supports/referrals?
- Is needing **brief** counselling support until long-term support is obtained?

If So, Refer Them Today!



Outpatient Mental Health Social Work Referral Form

Client Information Date of Referral: _____

Name (please print): _____

Gender: _____ Date of Birth (Y:M:D) _____

OHIP Number: _____ Version Code: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Okay to leave message? Y N

Email: _____

How would you prefer to be contacted? Phone Email

What is your income source? _____

Previous Mental Health Diagnosis? _____

Are you involved with other services (i.e. ODSP; CMHA)?

Family Doctor: _____

Psychiatrist: _____

Referred by (name & phone number): _____

Name of Emergency Contact Person: _____

Relationship: _____ Phone: _____

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Referral for Peer Support |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Assistance with Forms |
| <input type="checkbox"/> Addiction Support | <input type="checkbox"/> System Navigation/Advocacy |
| <input type="checkbox"/> Brief Counselling Support | <input type="checkbox"/> Post ED Visit Follow Up |
| <input type="checkbox"/> Other | <input type="checkbox"/> Mental Health Referral |

Is there anything else that the social worker should know that may help with this referral?

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