OUTPATIENT SOCIAL WORK PROGRAM

Do you know someone who.....

- Is 13 years of age or older with a valid OHIP Card?
- Has been experiencing anxiety or depression?
- Needs assistance with income support? (ODSP, CPP-D, OW, EI)
- Needs assistance with workplace forms, securing employment or advocacy?
- Is experiencing difficulties related to securing forms of identification? (birth certificate, SIN card, OHIP card)
- Needs assistance navigating the healthcare and mental health systems in our region?
- Wants to improve their social supports but feeling unsure of where to start?
- Needs a referral to mental health, addiction and/or community agencies?
- Is looking for addiction support and referrals?
- Is looking for grief and bereavement support and referrals?
- Is needing brief, solution focused counselling support until long-term services are obtained?

If so - refer them today!

Referrals can be made by anyone. Appointments can be arranged at Listowel and Wingham Hospital sites. Telephone and virtual appointments are also available.

Questions or to initiate a referral please contact the Outpatient Social Worker at 519-291-3120 x 6109.

Listowel Wingham Hospitals Alliance
Enriching Life's Journey Together

LWHA
OUTPATIENT SOCIAL WORK PROGRAM

Date of Referral: _____

LM/WD# (if applicable): _____

OHIP Number: _____

PATIENT INFORMATION

Name: _____ Date of Birth (Y-M-D): _____

Gender Identity: _____ Preferred Pronouns: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Telephone: _____

How would you prefer to be contacted? ◯ Telephone ◯ Email ◯ Either

Consent to leave a detailed message? ◯ Yes ◯ No

Permission to speak with others in the household? ◯ Yes ◯ No

If yes, please specify (name/relationship): _____

Emergency Contact (name): _____ Telephone: _____

Relationship to Emergency Contact: _____

I consent for OP SW to speak with my Emergency Contact regarding my referral should they be unable to reach me directly. ◯ Yes ◯ No

If the referral is the result of an ED visit, did the patient speak to Crisis while in ED? ◯ Yes ◯ No

If yes, please attach the Crisis notes to the referral.

DEMOGRAPHIC INFORMATION

What is your income source? _____

Previous mental health diagnosis? _____

Are you involved with any other services?
(ie. ODSP, OW, CMHA, Counselling) _____

Family Doctor: _____ Psychiatrist: _____

Referred by (name and phone number): _____

REASON FOR REFERRAL

◯ Housing referrals

◯ Income Support (OW, ODSP, EI, CPP-D)

◯ Brief Solution-Focused Counselling Support (1-2 Sessions)

◯ Assistance with Forms

◯ Other (please specify): _____

◯ Referral for Peer Support Services

◯ System Navigation/Advocacy

◯ Post ED Visit Follow-Up

◯ Mental Health Referrals

◯ Addiction Support/Referrals

Is there anything else that the Outpatient Social Worker should know that may help with this referral?

_____

_____

_____

_____

_____

Referrals can be made by anyone. Appointments can be arranged at both Listowel and Wingham Hospital sites. Telephone and virtual appointments are also available.

Please fax the completed referral form to 519-291-1528.

Questions? Please contact the Outpatient Social Worker at 519-291-3120 x 6109.