



Participating Community Support Providers

*Alzheimer Society London and
Middlesex*

Boys & Girls Club of London

Cheshire

Craigiel Gardens

Dale Brain Injury Services

Dearness Home

Four Counties Health Services

Hutton House

John Gordon Home

*London InterCommunity
Health Centre*

McCormick Dementia Services

Meals on Wheels London

Over 55

St. Joseph's Hospice of London

Salvation Army

*Southwest Ontario Aboriginal
Health Access Centre*

Spinal Cord Injury Ontario

Third Age Outreach

Trinity Place

VON Middlesex Elgin

Referral Form

Urgent

Is client aware this referral is being sent and has consent been given from the client to share information with Central Intake and with other CSS Providers? Yes No

- Transportation Meals and Nutrition Education and Support
 Safety and Reassurance Health and Wellness Support in the Home
 Intensive Support Programs (Dementia, Palliative, ABI, HIV/Aids)

Notes: _____

Referral Source Information:

ORGANIZATION: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Client/Caregiver Information:

Who is expecting our call? Client Caregiver Other: _____

Can a Message be left? Yes No

Client Name: _____ Date of Birth: _____

Address: _____

Phone #: _____

Health Card #: _____ Version Code: _____

Email: _____

Caregiver Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Relationship to Client: _____

Health Card #: _____ Version Code: _____

Email: _____

Additional Details:

