HealthLink
South Georgian Bay Community
Let's Make Healthy Change Happen

Please complete form and fax to 705-444-1393
For more information about HealthLink call 211

Patient/Client Referral

Patient Identification			
Patient Name			
Date of Birth		Home Town	

Referral Information			
Hospital in-patient ☐	Emergency Department ☐	Primary Care Provider ☐	Other provider ☐
Date of Referral :			

Health Link Criteria (check all that apply)		
Multiple chronic/complex medical conditions ☐ *please provide diagnoses:*		
Mental health issues ☐	Addictions ☐	Palliative ☐
Frail elderly ☐	Failure to cope at home ☐	Care-giver stress ☐
Social isolation ☐	Economic issues ☐	Cognitive impairment/ dementia ☐

Access to Primary Care		
Patient has a Primary Care Provider?	Yes ☐	No ☐
Primary Care Provider Name:		

Consent
Patient has agreed to be contacted by the Health Link ☐
Please Submit Form to the Health Link Coordinator