



Rapids

FAX NUMBER: (519)-491-2371

PHONE NUMBER: (519)-339-8949

Revised: June 2024

Please attach PATIENT HISTORY and MEDICATION LIST

PATIENT INFORMATION (or attach patient sticker)

Name: _____ (first) (initial) (last)

Phone #: _____

Address: _____

Gender Identity: M F Other: _____

DOB: _____ OHIP: _____

Other Relevant Information for Referral: (Please include relevant labs, diagnostic results, language/sensory/literacy considerations, etc.)

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Provider Billing #: _____

Provider Signature: _____

Primary Care Provider: _____ (If different from above)

Please Select Reason(s) for Referral:

- Checkboxes for various referral reasons including Type 2 Diabetes Self Management Education/Support, Prediabetes Education, COPD Self-Management Program, Spirometry Testing, Smoking/Vaping Cessation, Hypertension Self Management Program, Congestive Heart Failure Self-Management Program, Dietitian Services, Occupational Therapy, and Cognitive Assessment.

For services not currently offered, we will attempt to facilitate your referral to an alternate program/service provider or return the referral to the referring provider.

Other Programs/Services (by patient self-referral)

Mental Health Counselling – www.rapidsfhteam.ca/mental-health-intake-form or call 519-339-8949

Various Group Programs (Mental Health, Nutrition, Cooking, etc.). Programs advertised on www.rapidsfhteam.ca and social media.