

Client Services Referral Form (If possible, please complete form electronically)

Client Information

*Referral Date: dd/mm/yyyy		
*Last Name:		*First Name:
Preferred Name:	*DOB:	Gender:
Health Card #:	Version Code:	Exp Date:
Address:		City:
Suite/Unit Number:	Postal Code:	Province:
Phone #:	Cell #:	Email:
Primary Language:	Translator Requested: Yes No	
Alternate Contact & Relationship:		Phone #:

Referral Information (Please fill out as much as possible)

Self-Referral:	<i>* Only 1 referral option should be chosen (Self, Community, or Health Care Facility) *</i>	
Community Referral:	Facility/Agency:	
Health Care Facility:	Facility/Agency:	Unit and Room Number:
Admission Date: dd/mm/yyyy		Discharge Date: dd/mm/yyyy
*Referred By:		*Contact #:
Is this referral for the family member of someone with an SCI: Yes No		

Client Disability (Please fill out as much as possible)

Spinal Cord Injury (SCI):	Complete SCI:	Date of Onset:
Non-SCI:	Incomplete SCI:	
Cause:		SCI Level:
Traumatic: Non-Traumatic	Details of Diagnosis:	
Other Health Conditions:		

Referral Assessment (Please fill out as much as possible)

Is Insurance or WSIB Involved in your case:		Insurance	WSIB	None	Unsure
Do you have a home/housing to return to?		Is your home/housing accessible:			
Yes	No	Yes	No	Unsure	
Do you live/Will you be living alone?		Will you require support services?			
Yes	No	Yes	No	Unsure	
Are you currently employed:		Source of Income: ODSP CPP EI OW			
Yes	No	Unknown			
		Other: _____			
Are you working with any community agencies:		Yes	No	Unsure	
Mobility Devices/Information Technology:					
None		Cane	Walker	Manual Chair	
Power Chair		Scooter	Laptop/Tablet	Talk to Text	
Smart Phone		Unknown	Other:		
Are you interested in meeting/talking with someone from Peer Support?				Yes	No
Are you interested in working with someone to access resources in your community:				Yes	No
Are you looking only for more information at this time?			Information only please		
What are the reason(s) for your referral to Spinal Cord Injury Ontario?					

By checking this box and providing my email and home address above, I/The client agree to receive information from Spinal Cord Injury Ontario. We respect your privacy and you can unsubscribe at any time.

***I/The Client consent(s) to this referral being made to Spinal Cord Injury Ontario's programs and services**

Please note a post discharge follow up call may be made by SCI Ontario.

Spinal Cord Injury Ontario respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We will not rent, sell or trade your personal information. The information you provide to us will be used to deliver services and to keep you informed and up-to-date on the activities of Spinal Cord Injury Ontario. The information we collect from you is protected under the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA).

Please send your referral form to: referrals@sciontario.org

Please note, mandatory fields are outlined in red and marked with an *