Spinal Cord Injury Ontario | Lésions Médullaires Ontario

1-877-422-1112
referrals@sciontario.org
Fax: 1-877-344-9962

Client Information			
Last Name:		First Name:	
Pronoun:		Preferred Name:	
DOB:	Gender:	Health Card # and Version:	
Primary Phone & Type (home/cell):		Email:	
Address:			
City:	Postal Code:	Primary Language:	
Alternate Contact:	Phone#:	Email:	

Referral Information (Please fill out as much as possible)		
Referred By:		Health Care/Community Facility:
Phone #:	Ext:	Email:
Client Unit and Room Number:		
Admission Date:		Discharge Date:
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) ☐	Non-SCI ☐	Complete SCI ☐	Incomplete SCI ☐
Cause (SCI): Please choose from list		SCI Level:	
Details of Diagnosis:		Date of Injury/Onset:	

Mobility Devices:

None ☐ Cane ☐ Walker ☐ Manual Chair ☐ Power Chair ☐

Scooter ☐ Unknown ☐ Other: ☐

Other Health Conditions:

Reason for referral, check all that apply:		
Connect with Peer Mentor ☐	Health and Emotional Wellbeing ☐	Housing Assistance ☐
Personal Support Services ☐	Community Resources/Supports ☐	Home Modification ☐
Equipment/ Supply Needs ☐	Connect with Family Peer Mentor ☐	Work and Education ☐
Leisure and Recreation ☐	Income/Financial Management Options ☐	Transportation ☐

Additional information for your referral to Spinal Cord Injury Ontario

☐ By checking this box and providing my e-mail 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 send your completed referral form to: referrals@sciontario.org