The Homewood Clinic

Canada's leader in mental health, addiction and trauma treatment.

Contacts & Additional Case Information

Please complete the following information form and email it to **clinic-intake@homewoodhealth.com** or fax it to **1-855-895-0666**.

Client Name

Date of Birth (YYYY/MM/DD)

Family Physician

Consent obtained and attached: ○ Yes ○ No

Telephone (xxx)xxx-xxxx

Fax (xxx)xxx-xxxx

Email

Employer/Insurer *(if applicable)*

Job Title

Employer/Insurer approved funding ○ Yes ○ No

Consent obtained and attached ○ Yes ○ No

Telephone (xxx)xxx-xxxx

Fax (xxx)xxx-xxxx

Email

Payor Contact (if known)

Job Title

Consent obtained and attached ○ Yes ○ No

Telephone (xxx)xxx-xxxx

Fax (xxx)xxx-xxxx

Email

Amount

Additional Contact

Job Title

Consent obtained and attached ○ Yes ○ No

Telephone (xxx)xxx-xxxx

Fax (xxx)xxx-xxxx

Email

For more information about The Homewood Clinic, please contact us:

(TF) 1.888.409.0954 | clinics@homewoodhealth.com | **(FAX)** 1.855.895.0666

homewoodhealth.com/clinics

Homewood Health
Improving Life

Client Occupation

Is the client working? ○ Yes ○ No

If on disability, last date at work:
(YYYY/MM/DD)

What is the goal with respect to the client returning to work?
(i.e. Return to own job, return to different job, retraining, unknown, unemployed)

Prior consultations, Independent Medical Evaluations, Treatment Summary (attach reports if available)

Other relevant information

SUBMIT FORM

The "Submit" interactive form function works best with the latest version of Adobe Acrobat or Adobe Reader XI.

RESET FORM

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