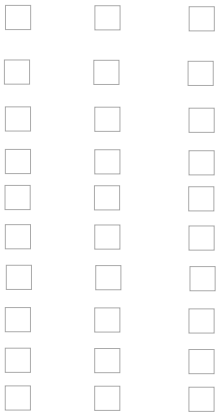
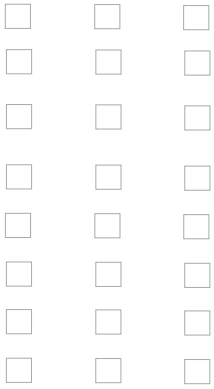
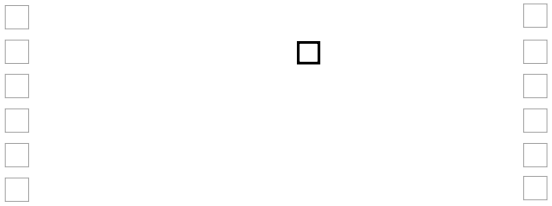
Reset Form







Section 7: Referrer Information

Your Name:		
Your Health Care Discipline (e.g. Family Medicine, Social Worker):		
If applicable, Physician/NP Billing #:		
If applicable, Agency (ex. WSIB, DND, VA):		
Address:		City:
Province/State:	Postal/Zip Code:	Country:
Email:	Phone:	Fax:
If you are from a Health Care Discipline, will you provide this patient care after discharge? ☐ Yes ☐ No		

Section 8: Referral Information

In order to arrange a timely admission to the most appropriate program, please provide us with clinical information from the past 6 months. Copies of past consults, test results and discharge summaries are very helpful.	
Referral documentation attached: ☐ Medication List ☐ Consent Forms Other:	
Is this patient an urgent referral? ☐ Yes ☐ No	Is the patient aware of the referral? ☐ Yes ☐ No

Section 9: Recent Admissions

1. Has the patient had any psychiatric and/or medical hospitalizations within the last 5 years? ☐ Yes ☐ No
   If yes, Where: When: Why:
   Please forward discharge notes or consults from hospital stays
2. Is the patient currently in a hospital? ☐ Yes ☐ No
   If yes, Where: Date of admission:
3. Is their current status involuntary? (certified inpatient) ☐ Yes ☐ No
4. Has the patient tested positive for: ☐ C-Difficile ☐ MRSA ☐ VRE

Section 10: Group Ready

☐ No	☐ Yes	Is the patient able to participate in a group based program?
☐ No	☐ Yes	Is the patient able to reside on an unlocked unit?
☐ Yes	☐ No	Does the patient have a substitute decision maker?
☐ Yes	☐ No	Is the patient subject to a Community Treatment Order (CTO)?

Section 11: Current Medications

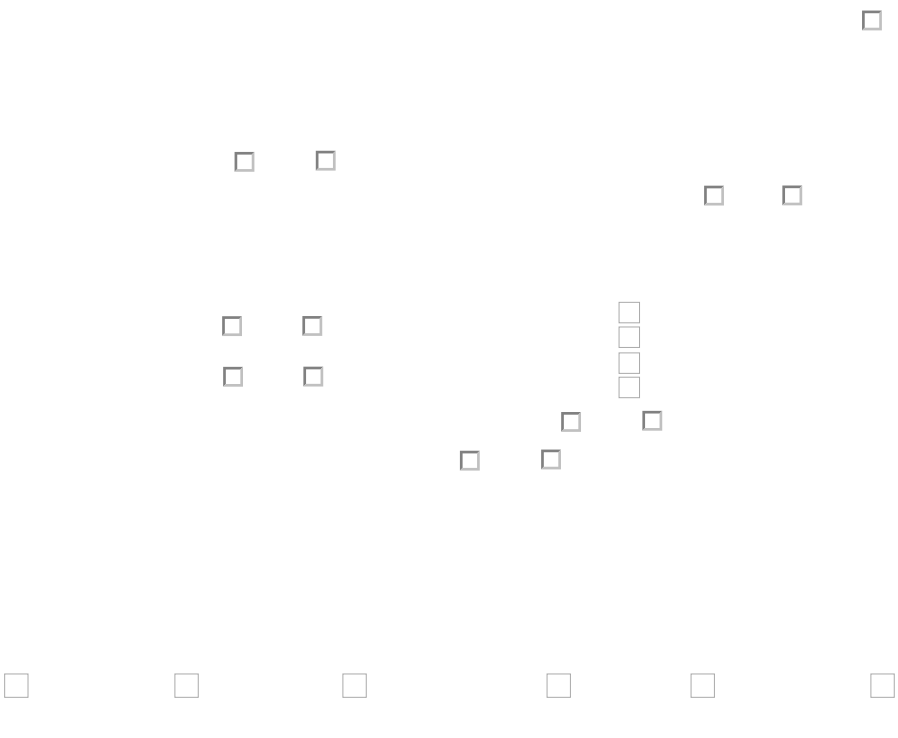
1. List here or attach a list (using the format below) of all current medications and supplements:

Name	Dosage	Frequency	Reason for Use

2. Does the client/patient take prescribed opiates? (e.g., codeine, Methadone etc.) ☐ Yes ☐ No
   If yes, ☐ for pain, ☐ for addiction.

Section 12: Significant Medical History

List all applicable conditions (e.g., diabetes hypertension, etc.)



All forms and copies of past records and reports should be sent as soon as possible to:
Fax: 1.855.895.0666 or Email: treatment@homewoodhealth.com

We will contact you once a decision has been made regarding your patient's admission. If you have any questions, please contact our Intake Consultants at 1.866.221.0237. We are available Monday through Friday from 9:00 AM to 10:00 PM EST, and Sunday from 1:00 PM to 9:00 PM EST (excluding statutory holidays) .