



Street Health Centre
A part of Kingston Community Health Centres (KCHC)

115 Barrack Street
Kingston ON K7K 1G2
Tel: 613.549.1440
Fax: 613.549.7986

www.kchc.ca

SHC Referral Form – Walk-In Clients Accepted

Patient Information

Last Name: _____ First/Middle Names: _____
DOB (dd-mm-yyyy): _____ Gender (circle one): Male Female Other
Health Card #: _____ Version Code: _____
Address: _____ City: _____ Postal Code: _____
Primary Phone #: (_____) _____ Work/Other #: (_____) _____

Referral Information

Date of Referral: _____
Source of Referral: _____
Family Physician/Primary Care Provider: _____
Phone: (_____) _____ Private Line: (_____) _____
Fax: (_____) _____
Is patient supportive of this referral (please circle)? Yes No

Reason for Referral (treatment and/or counseling & harm reduction education)

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Youth (under 24 years) |
| <input type="checkbox"/> Stimulants | <input type="checkbox"/> Hepatitis C Evaluation |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Opioid Overdose Training Program |
| <input type="checkbox"/> Opioids | <input type="checkbox"/> Concerns about use of prescribed or illicitly obtained opioids |
| <input type="checkbox"/> Other (please list):
_____ | |

Reason for Referral:

Please attach all EMRs, medication list, CPP, consults, labs and treatment history.
Fax referrals to SHC at 613.549.7986.