System Navigation Referral

Fax Referral To: 855-928-5284 Intake Number: 289-208-9619

Service Information

The System Navigator provides assessment, referrals, and guidance with accessing community health and social care services for members of the identified priority populations:

- Older Adults
- Mental Health and Addictions (all ages)

Patient/Client Information			
Name:	D.O.B.:	Personal Pronoun:	
Health Card Number:		Preferred Language:	
Address:		Postal Code:	
Phone Number:	Can a detail	Can a detailed phone message be left? No Yes	
consent	t the System Navigator can contact, ubstitute Decision Maker:	please include their contact information, following	
Phone Number:	Email:		
Reason for Referral		Service Criteria Checklist	
Select at least one: System Navigation		o Client lives in Burlington / surrounding areas	
		o Client has identified health and/or social care need	
	v is short term tablet loan program to	o Client consents to referral and being contacted by a System Navigator for follow up	
facilitate access to virtual resources for clients with mental health and addiction concerns. Includes device loan and device education. Identify relevant health and/or social care needs:		o For MH & A VC Library - Client has an identified mental health and/or addiction concern.	
		o For MH & A VC Library - Client has an identified barrier to technology access.	
Is the client connected with any	community services currently?	? If yes, which? No Yes	
Referral Information			
leferral Source Name:	Date	of Referral:	
Office Telephone Number:	Telephone Number: Office Fax Number:		
amily Physician Name:			
		Email:	

Note that the System Navigation may reply to the referral using secure messaging on Hypercare, if applicable. Note that System Navigation is **not** an urgent health or crisis support.

