



# Tel-Check Client Referral Form

**DURING THE COVID-19 PANDEMIC, CALL 519-336-0120 EXT. 251 & LEAVE DETAILED MESSAGE**

## Client Contact Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: Res. \_\_\_\_\_ Cell # \_\_\_\_\_ (circle preferred number)

Address: \_\_\_\_\_

Has consent been provided by client? Yes \_\_\_\_\_ No \_\_\_\_\_

Initial contact should be made with: Client \_\_\_\_\_ Other \_\_\_\_\_

Contact Information and Relationship to client: \_\_\_\_\_

Living Alone: If No, How many live in home	Yes	No	Economic Status (Circle)	Marital Status (Circle)
Safety Check:	Yes	No	Employed	Single
Friendly Phone Visit:	Yes	No	Ontario Works/SA/ODSP	Married/Partnered
Health Check:	Yes	No	Pension	Separated/Divorced
			Unemployed	Other

Does client have current medical symptoms of concern?
Special Instructions when communicating with client:

Referral Source: Agency: \_\_\_\_\_ Name: \_\_\_\_\_

Contact # \_\_\_\_\_ Date of Referral: \_\_\_\_\_