Preventative Care Referral Form

Completed referrals can be faxed to 519-252-5646

Our Prevention Specialist promotes wellness and the prevention of chronic diseases through cancer screening (breast, colorectal, cervical), vaccinations, and chronic disease management, with the aim of improving population health and reducing risks through early detection, completion of referrals and individualized lifestyle counseling.

Please complete both page 1 and 2 of this referral form.

Date of Referral	
Client/SDM is aware of referral Yes ☐ No☐	
Client/SDM provided verbal consent for the Prevention Specialist to leave a confidential voicemail Yes ☐ No☐	
Client has a Primary Care ProviderYes ☐ No☐	
Access to Health Benefits (outside of provincial health plan): Yes ☐ No☐ If yes please describe:	
Referral Source ☐Primary Care Provider ☐Community Agency ☐Other	Provider Stamp/Agency Information

Patient Information

Name (First and Surname)	
Preferred Name:	Date of Birth:
Health Card Number:	Health Card Version Code:
Home Address: _____ City: _____ Province: _____ Postal Code: _____	Contact Number: _____ ☐Home ☐Cell ☐Work ☐Other If other please describe:
Email Address:	
Verbal consent provided for a confidential voicemail to be left Yes ☐ No☐	
Verbal consent provided for electronic communication Yes ☐ No☐	

1400 Windsor Ave.
Windsor, ON N8X 3L9
Phone (519) 971-0116

www.windsoressex.cmha.ca/cmha-health-centre/

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Preventative Care Services Requested

Primary Care

Referral to primary care requested Yes ☐ No ☐

Cancer Screenings:

Education Yes ☐ No ☐

Risk Assessment (Screening Participation) – *choice options below:*

Breast ☐ Cervical ☐

Colon ☐ Lung ☐

Prediabetes/Type 2 Diabetes Support

Education Yes ☐ No ☐

Risk Assessment Screening Participation Yes ☐ No ☐

Connect to Programs and Services – *choice options below:*

Dietitian ☐ Foot Care ☐ Optometrist/Ophthalmologist for retinopathy ☐

Chronic Disease Management

Education Yes ☐ No ☐

Risk Assessment Yes ☐ No ☐

Risk Reduction Strategies – *choice options below*

Tobacco ☐ Alcohol ☐

Marijuana use ☐ Physical Activity ☐ Food & Nutrition ☐

Service Navigation Requested: – *choice options below:*

Food Banks ☐ Social Services Support ☐

Dental Care ☐ Mental Health Services ☐

Seniors Programs ☐ Physical Fitness ☐ Social Connection ☐

Client expectations and goals while connected to Preventative Care services:

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