



Referral Form

Welcome to the Craigwiel Gardens Connections Program. We are here to support older adults who are living at home by providing access to clinical care, wellness services and community support. Our goal is to help you maintain your health, independence and quality of life while remaining connected to your community.

Contact Information: Email communitysupport@craigwielgardens.on.ca or call 519-778-2546.

A member of our team will follow up with you.

To protect privacy, please do not include detailed medical or personal health information.

Referral Source
<input type="checkbox"/> I am referring myself <input type="checkbox"/> Family/Friend <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Community Agency/Partner <input type="checkbox"/> Other (Please specify): _____

Person Seeking Services	
First Name	Last Name
Preferred Name	Date of Birth
Phone	Email
City/Town	Preferred language
	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____
Preferred method of contact:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email	

Referrer Information (do not complete this section if self-referring)	
First Name	Last Name
Relationship	Organization
Phone	Email
Is the person aware you are making a referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of contact:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email	

Reason for Referral		
<input type="checkbox"/> Support to remain living at home	<input type="checkbox"/> Difficulty navigating services	<input type="checkbox"/> Social isolation
<input type="checkbox"/> Safety concerns	<input type="checkbox"/> Mobility concerns	<input type="checkbox"/> Health services
<input type="checkbox"/> Caregiver stress	<input type="checkbox"/> Future planning	<input type="checkbox"/> Unsure/would like to discuss
<input type="checkbox"/> Other (Please specify): _____		

Service Needs:		
<input type="checkbox"/> Bathing	<input type="checkbox"/> Foot / Nail Care	<input type="checkbox"/> Hair Salon
<input type="checkbox"/> Social Work	<input type="checkbox"/> Mobility (OT/PT)	<input type="checkbox"/> Nursing Assessment
<input type="checkbox"/> Social and Recreation	<input type="checkbox"/> Dietician	<input type="checkbox"/> MINT Memory Clinic (Physician Referral Required)
<input type="checkbox"/> Other/Unsure/Would Like to Discuss (Please specify):		

COLLECTION AND USE

Your privacy is important to us. Craigwiell Gardens collects, uses and discloses personal information in accordance with Personal Health Information Protection Act (PHIPA), where applicable. The information on this form is collected for the primary purpose of obtaining contact information and the reason for contact. The information collected is necessary for these purposes. Craigwiell Gardens does not sell or trade your information. Your data will only be shared with third party services to fulfill services requested and when required by law.

Thank you for your referral.

A member of the Connections team will complete the pre-intake within three business days and the full assessment within 10 business days.