WINDSOR
TEAM CARE CENTRE

150-2475 McDougall Street
Windsor, ON N8X 3N9
Ph: 519-250-5524 Fx: 519-250-3894

Team Care Centre (TCC) Addiction Counselling Referral Form

*** Supporting Mild to Moderate Mental Health & Complex Medical Needs ***

PATIENT INFORMATION

Name		Gender		Date of Referral:
OHIP #		DOB		
Address		Primary Phone		
Language Spoken	☐ English ☐ French ☐ Other: _____ ☐ Requires interpreter			

Patient provided verbal consent to participate in Team Care?
☐ Yes ☐ No

Patient provided verbal consent for Team Care to leave confidential voicemail?
☐ Yes ☐ No

Does client prefer a Male or Female Addiction Counsellor?
☐ Male ☐ Female ☐ No Preference

ADDICTION COUNSELLING (CHECK ALL THAT APPLY)

Current Substance/Behaviour

- ☐ Alcohol
- ☐ Opioids
- ☐ Methamphetamines
- ☐ Cannabis
- ☐ Hallucinogens
- ☐ Crack/Cocaine
- ☐ Other problematic behaviours (Gambling, Sex, Eating, etc.)
- ☐ Other: _____

- ☐ History of suicide attempts: Date: _____
- ☐ Mental health diagnosis Diagnosis: _____
- ☐ Currently prescribed meds for Mental Health Medication compliant: ☐ Yes ☐ No
- ☐ Has a Primary Care Provider PCP Name: _____
- ☐ Currently seeing a Psychiatrist Psychiatrist Name: _____
- ☐ Last Emergency Room visit Date: _____

- ☐ Currently experiences substance induced psychosis
- ☐ History of accidental/intentional overdose
- ☐ History of violence
- ☐ Currently pregnant
- ☐ At risk for homelessness
- ☐ Client has barriers to treatment
  - ☐ Transportation
  - ☐ Child Care
  - ☐ Employment
  - ☐ Other: _____

MANDATORY:

- ☐ Must be 16 years or older
- ☐ Must have an OHIP number
- ☐ Must have housing and a contact number
- ☐ Does not have a primary diagnosis of Schizophrenia
- ☐ Has **no active** mania or psychosis

Presenting Problem:

What is the goal of this referral?

Referring Provider Contact Information:

Organization Name: _____

Referring Provider Name: _____

Telephone Number: _____

Fax Number: _____

Please Note

- **Please complete above information & provide all requested attachments**
- **Incomplete referrals will be directed back to source**

Form updated: 2019-04-24