

# Casey House Outpatient Referral Form



Casey House provides a wide range of services to support people living with HIV and from communities at higher risk of HIV. If you are interested in becoming a client, bring the completed form to Casey House at **119 Isabella Street**, Toronto for a walk-in intake or fax it to **416-907-7186** and we will schedule an appointment for you come in.

## Your personal information

Form filled out by:  Myself  by a worker, clinician or staff

First name:  Last name:  Preferred name:

Date of birth:  Gender Identity:  Pronouns:

Preferred languages:  Interpreter / accommodation:

Address if you have one:

Immigration status:  Citizen / PR / PP  Work Permit / Visitor  Student  Refugee Claimant  Non-Status

Do you have health insurance (OHIP, UHIP, IFHP, Private)?  Yes  No

What is your HIV status?  Positive  Negative  Unknown  Prefer not to answer

Do you have a primary care provider?  Yes  No

Name:  Address / contact:

Are you connected to any social support or community provider (Social Worker, Case Worker, Housing Worker, etc.)?

Name:  Organization / contact:

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## What do you need support with?

- |   |   |
|---|---|
| <input type="checkbox"/> Support with mobility, falls prevention or chronic pain          | <input type="checkbox"/> Access to food and regular hot meals                 |
| <input type="checkbox"/> Wound care or administration of externally prescribed injections | <input type="checkbox"/> Assistance with legal or immigration challenges      |
| <input type="checkbox"/> Feeling socially isolated, lonely or bored                       | <input type="checkbox"/> Issues with housing or employment                    |
| <input type="checkbox"/> Support with anxiety, depression or dealing with a new diagnosis | <input type="checkbox"/> Access to Indigenous spiritual healing and practices |
| <input type="checkbox"/> Access to the safe consumption site or kits                      |   |

Is there anything else you'd like to tell us about?

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## How should we contact you?

Phone   Email

Leave a message for me at Casey House  Contact me through my community provider

\*By providing this information you give Casey House consent to contact you and / or the listed community provider

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Casey House staff use. Staff initial:  Date received:  Follow-up / next step date: