

Outpatient Referral Form

Casey House provides a wide range of services to support people living with and at higher risk of HIV. If you are interested in becoming a client, get started by filling this form. Return instructions are on the next page.



1 Tell us about you

Preferred name: Date of birth (M/D/Y):

First name: Last name:

Gender identity: Pronouns:

Address if you have one:

Preferred languages:

List any accommodation needs:

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

Status in Canada: Citizen / permanent resident Other:

Do you have Ontario health insurance (OHIP)? Yes No

What is your OHIP number?

If you don't have OHIP, do you have UHIP, IFHP or private insurance? Yes No

2 How can we contact you?

*Calls will appear as **No Caller ID***

Phone: Email:

Do you have voicemail enabled that we can leave a message on? Yes No

Leave a message at Casey House front desk

Leave a message with my worker. Let us know who your worker is on the next page.

3 What supports are you connected to? (List name and contact info)

Family doctor / nurse practitioner:

Case worker or other:

ODSP ID number if you have one:

ODSP worker:

4 What are you looking for support with?

Family doctor or nurse practitioner

Access to food and regular hot meals

Mobility, falls prevention or chronic pain

Social engagement and building community

Anxiety, depression or dealing with a new diagnosis

Community referrals and social service support

Access to a supervised consumption site and kits

Indigenous spiritual healing and practices

Do you have a high priority need that is not listed above?

5 Return the completed form, then have an intake appointment

Bring the completed form to the front desk at Casey House, **119 Isabella Street, Toronto**, or fax to **(416) 907-7186**. We offer walk-in intakes or we will contact you within one week to schedule an intake appointment.

Who filled out this form: I filled it out myself A staff member, worker, or peer filled it out with or for me

If you filled this form out at Casey House, where were you:

Lobby / den Lunch Group Second floor Other:

By providing this information you give Casey House consent to contact you and your listed providers

Staff name / initial: Date received (M/D/Y): Follow-up / next step date: