



CASEY HOUSE OUTPATIENT REFERRAL FORM

Casey House - a small specialty hospital providing ground-breaking care for people living with and at risk of HIV offering inpatient and outpatient services

A goal-focused outpatient program running Mon-Fri, supporting clients with complex health needs to build their resilience towards wellness and health outcomes. These services consist of one-on-one care and group sessions from an interdisciplinary clinical team.

Interdisciplinary clinical services include:

1. Nursing
2. Psychiatry/mental health clinicians
3. Allied health services
4. Harm reduction services

Please complete all sections of the form before submission. Fax completed referral forms to [416-907-7186](tel:416-907-7186).

REFERRAL CRITERIA:

1. 18 years or older
2. HIV+ or part of a community at higher risk of HIV which includes people who:
 - Black, Indigenous and other racialized populations
 - Newcomers and refugees to Canada
 - Trans people/ 2SLGBTIQ+
 - experiencing poverty
 - have been incarcerated
 - are experiencing negative impacts of substance use
 - experiencing homelessness or don't have stable housing
 - with mental health concerns
3. Able to travel to Casey House
4. Able to participate in group/community environment
5. Interest and willingness to engage in programming and set goals

Does the client meet the criteria above? Yes No

Is the client aware of this referral*? Yes No

*If the client is not aware of the referral please discuss it with them before submitting

REFERRING PERSON:

First Name:

Last Name:

Organization (if applicable):

Relationship to client:

Address:

Phone Number:

Email:

CLIENT INFORMATION:			
First Name:		Last Name:	
Pronouns:	she/her	he/him	they/them
Not Listed:			
Date of Birth (yyyy-mm-dd):			
Health Card Number:		Version Code:	
Address:			
Phone Number:		Client's Email:	

HIV Status: Positive Negative Unknown Client prefers not to answer

Does the client require a translator? No Yes If yes, specify language: _____

Reason for referral/Services required (select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Nursing services | <input type="checkbox"/> Recreational/Art Therapy | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Psychiatry/Mental Health Services | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Harm Reduction Services |
| | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Group Programing & Social Supports |
| | <input type="checkbox"/> Case Management | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Social Work | |

ADDITIONAL COMMENTS OR INFORMATION:

Please include recent discharge summaries, progress notes and any other relevant information with referral.

Fax completed referral forms to [416-907-7186](tel:416-907-7186).
 Questions? Please contact referral@caseyhouse.ca