

Indigenous Patient Navigator Referral Form



Patient Name:

Phone #:

Address:

Referral Details:	
Patient informed about referral (patient <u>MUST</u> be informed)?	YES NO
Referred by:	Date Referred:
Contact information of referring person:	Organization/Agency:
Physician contact information:	
Reasons for Referral (please check all that apply)	
<input type="checkbox"/> Support at Clinic Visits <input type="checkbox"/> Accommodation and Transportation support required <input type="checkbox"/> Navigate Non-Insured Health Benefits (NIHB) – Health Canada First Nations and Inuit Health Branch (drug coverage) <input type="checkbox"/> Accessing Cultural / Traditional / Spiritual healthcare providers / members of community <input type="checkbox"/> Access to palliative care system <input type="checkbox"/> Community resources <input type="checkbox"/> Translation services <input type="checkbox"/> General support <input type="checkbox"/> General navigation <input type="checkbox"/> Other: _____	
Comments:	
Date of Next Appointment:	
Signature of Referral Source:	Date:

Leonard Benoit, Regional Indigenous Patient Navigator Tel: 647.309.1794

PLEASE email completed referral form to Leonard.Benoit2@uhn.ca

Leonard Benoit is based at Toronto General Hospital and services ALL of the Toronto Central Region. Patient will receive a response within 2-3 business days (please call if referral is urgent).

