

# Aboriginal Navigator Referral Form



Toronto Central  
Regional Cancer Program  
in partnership with Cancer Care Ontario

Patient Name:

Phone #:

Address:

## Referral Details: Patient must be informed of referral

Referred by:

Date Referred:

Contact information of referring person:

Organization/Agency:

Physician contact information:

## Reasons for Referral (please check all that apply)

- Support at Clinic Visits
- Accommodation and Transportation support required
- Navigate Non-Insured Health Benefits (NIHB) – Health Canada First Nations and Inuit Health Branch (drug coverage)
- Accessing Cultural / Traditional / Spiritual healthcare providers / members of community
- Access to palliative care system
- Community resources
- Translation services
- General support
- General navigation
- Other: \_\_\_\_\_

Comments:

Signature of Referral

Date:

Source:

**Leonard Benoit, Regional Aboriginal Patient Navigator**

**Telephone: 416.864.6060 x 2422, Email: benoitl@smh.ca**

**PLEASE fax completed form to 416-864-5121**

Leonard Benoit is based at St. Michael's Hospital

Patient will receive a response within 2-3 business days

**St. Michael's**

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