Six Nations Health Services

P.O. Box 5000
Ohsweken, Ontario
Canada N0A 1M0
Tel: 519-445-2418
Fax: 519-445-0368
www.snhs.ca

Animal Wellness Program
519-445-4818
Child and Youth Health Team
519-445-4983
*Occupational Therapy
*Speech Language Therapy
*Case Management
*Dietitian Counselling (Youth 2-18yrs)
*Social Worker – Counselor
*Jordan's Principle Navigator
Diabetes Wellness Program
519-445-2226
Dental Services
519-445-2221
Early Childhood Development
519-445-0339
*School Nurse Program
*ECD/FASD Workers
Family Health Team
519-445-4019
Gane Yohs Health Centre
*Medical Clinic 519-445-2251
*Public Health 519-445-2672
Health Promotions & Nutrition Services
519-445-2809
*Dietitian Counselling
*(Adult, Post/Prenatal, infant 0-2yrs)
*Exercise Prescription
*Falls Prevention & Education Program
*Community Health Focused Programs
*Community Educators
Healthy Babies/Healthy Children
519-445-4922
*Family Home Visitors
Home and Community Care
519-445-0077
*Adult Day Centre
*Community Support Services
*Case Management
*Jay Silverheels Complex
*Personal Support Services
*Health Advocacy
Iroquois Lodge
519-445-2224
Maternal & Child Centre (Birthing Centre)
519-445-4922
*Aboriginal Midwives
*Breastfeeding Coordinator
Medical Transportation
519-445-0410
Mental Health & Addictions Team
519-445-2143
*Case Management
*Early Psychosis Intervention
*Psychiatric Consultation
*Release from Custody
*Supportive Housing
*Addiction Counselling
*Addiction Outreach Worker
Paramedic Services
519-445-4000
Therapy Services
519-445-4779
*Occupational Therapy
*Physiotherapist
*Speech Language Pathologist
Traditional Medicine Program
226-227-9990

REFERRAL FORM

CLIENT INFORMATION

Name:	**Parent/Guardian:** (if under 18)
Date of Birth: (D/M/Y) **Gender:**	**Family Doctor:**
Band Number:	**Health Card Number:**
Mailing Address:	**Blue Flag:**
City:	**Postal Code:**
Telephone:	**Other Means of Contact:**
Best Time to Contact:	
Emergency Contact Name:	**Emergency Contact Number:**

REQUESTING REFERRAL TO

- ○ Birthing Centre (519-445-4032)
- ○ Child and Youth Health Team (519-445-4783)
- ○ Dental Services (519-445-4681)
- ○ Early Childhood Development (519-445-2259)
- ○ Family Health Team (519-445-1917)
- ○ Healthy Babies/Healthy Children (519-445-4032)
- ○ School Nurse Program (519-445-2259)
- ○ Medical Transportation (519-445-0368)
- ○ Therapy Services (519-445-4037)
- ○ Health Promotions & Nutrition Services (519-445-1907)
- ○ Iroquois Lodge (519-445-4180)
- ○ Home & Community Care (519-445-4914)
- ○ Mental Health & Addictions Team (519-445-0504)
- ○ Sexual Health Nurse – Gane Yohs (519-445-4525)
- ○ Clinic Nurse – Gane Yohs (519-445-4679)
- ○ Diabetes Wellness Program (519-445-0801)
- ○ Traditional Medicine Program (519-445-0368)

Other _____

(FAX # Listed Beside Program Name)

REASON FOR REFERRAL

REFERRAL SOURCE INFORMATION

Name of Person Completing this Form:		
Telephone:	**Fax:**	**Email:**
Name of Organization/Program:		
Parent/Guardian aware of this Referral?: ☐ Yes ☐ No	**Additional Comments:**	

SIGNATURE

Signature:	**Date this form was completed:** (D/M/Y)