Referral for Carefirst Services

Date Received

Please Fax To: 416 – 649-0014

Carefirst Seniors & Community Services Association
Carefirst Scarborough Health Management Centre
Phone: 416-649-1212

Please check that applies:

A) Health Promotion and Chronic Disease Management Program(S):

- ☐ GAIN (Geriatric Assessment and Intervention Network) *
- ☐ Community Cardiovascular Rehab Program *
- ☐ DEP (Diabetic Education Program) **
- ☐ Community COPD Rehab Program **
- ☐ Mindfulness Pain Management Program *
- ☐ Weight Management Program

**Additional Family Physician Referral Form is required*

B) Community Support Service(S):

- ☐ Home Care / Home Help
- ☐ Adult Day Program
- ☐ Exercises and Falls Prevention Program
- ☐ Friendly Visiting
- ☐ Caregiver Support Group (Individuals with Renal / Alzheimer's / Stroke conditions)
- ☐ Transportation
- ☐ Case Management
- ☐ Chinese Bereavement Services
- ☐ Social / Wellness Program

(Cost may apply to some services)

PATIENT NAME: _____ Date of Birth (D/M/Y): _____

Address: _____ City: _____ Postal Code: _____

Phone: (Res.): _____ (Alternate): _____

Contact Person: _____ Relationship to Patient: _____

Phone: (Res.) _____ (Other): _____

Language: ☐ English ☐ Other, Specify_____

_____ _____

Name of Referring Physician: (please print) *Signature*

_____ _____ _____

Phone Number *Fax Number* *Date*