



OTTAWA NEWCOMER HEALTH CENTRE | **CENTRE DE SANTÉ POUR NOUVEAUX ARRIVANTS D'OTTAWA**

Referral Form Multicultural Health Navigator Program

For Internal Use
Navigator / Language:
Priority (1, 2, 3):
Date of Receipt :

The Multicultural Health Navigator program aims to educate newcomers to Ottawa about the Canadian Healthcare system and assist with system navigation. Services include:

- Enhance health literacy, health promotion and system navigation
- Bridge between clients and service providers
- Routine home visits and occasional appointment accompaniment

Please ensure you have spoken to the person before making the referral. Is your client aware of and understand this referral? Yes No

If referral is accepted, does the client consent to being registered in our system? Yes No

Client Name: _____ DOB(YYYY/MM/DD): _____
 Phone Number: _____ Spoken Language(s): _____
 Address: _____

As part of our services, we conduct home visits to meet client's needs. Does your client give consent to conduct home visits? Yes No

Based on assessment, the following services may be provided. Please check off the service(s) that will be beneficial for the client being referred:

- | | |
|---|---|
| <input type="checkbox"/> Health Navigation Services | <input type="checkbox"/> Finding a family doctor |
| <input type="checkbox"/> Personal Health Practices and prevention | <input type="checkbox"/> Community health resources |
| <input type="checkbox"/> Social and Settlement Service referrals | <input type="checkbox"/> Health Education System |
| <input type="checkbox"/> Treatment and medication information/ compliance | <input type="checkbox"/> Others _____ |

Does your client have an ongoing Primary Healthcare Provider? Yes No

Does your client have Chronic health Issues? Yes No

Additional information:

Referral Requested By: _____ Name of Organization: _____

Phone No.: _____ Ext. _____ Fax No.: _____

Please check this box, if this is a self referral

FAX to "Multicultural Health Navigator" program at 613-288-0909