



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 check this box, if you are requesting health navigation services for yourself

Please check this box, if you are requesting health navigation services for someone else

Have you spoken to the person you are referring about this referral? Yes No

Referral Requested by: _____ Name of Organization: _____

Phone No.: _____ Ext. _____ Email: _____

Consent

If referral is accepted, is it okay to save the information below in our client record system? Yes No

Name: _____ DOB(YYYY/MM/DD): _____

Address: _____

Phone Number (home): _____ Phone Number (mobile): _____

Message can be left on the home phone

Message can be left on the mobile phone

Preferred Language for Service: _____

We can provide home visits as part of our services. Are home visits preferred? Yes No

Please check off the service(s) being requested:

Health Navigation Services

Health System Education

Connection to Settlement Services

Other _____

Connection to Social Services

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

Does your client have Chronic health Issues? Yes No

Additional information (attach additional documents if needed)

Fax referral form to "Multicultural Health Navigator" at 613-288-0909