

Hosted at:



Kingston Community Health Centres

Centres de santé communautaire de Kingston

THRIVE

Referral Form

Fax: 613-542-7657



Thrive is a program designed for women who are pregnant and/or parenting children under the age of 6, and who self-identify as having substance involvement. All information will be kept strictly confidential. For any question (except personal information and address), you may choose “prefer not to answer.” This will not affect your care.

Personal information

First Name: _____

Last Name: _____

Middle Name: _____

Date of Birth : ____/____/____
Day Month Year

Preferred Language: _____

Address

#: ____ Street: _____ Apt.#: _____

City: _____ Province: _____

Postal Code: _____

Cell#: _____ Home #: _____

Call allowed? Message Allowed?

Text message? (if available)

Work #: _____ Extension: _____

Emergency Contact Information

Name: _____

Emergency #: _____

Homeless (no current home)

Marital Status

- Single Widowed Other
- Married Common Law Prefer not to answer
- Divorced Separated Unknown

Referring source

Date: ____/____/____

Referred by: _____

Phone #: _____

Prescribed Drugs

Methadone/Opioid Substance: Yes No Unknown

Prescriber: _____

Phone #: _____

Income

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- N/A Other: _____

Employment Status: _____

Occupation: _____

Prefer not to answer

Presenting Issues at Contact

- Securely Housed Yes No
- Family Court Involvement Yes No
- Criminal Court Involvement Yes No
- Child Welfare Involvement Yes No
- Pregnant: Yes No Unknown
- If yes, expected delivery date? _____
- Do you have a primary care provider? Yes No
- If yes, family physician’s name: _____
- Telephone: _____
- Address: _____

Children Under Care

- None 0-6 yrs. 7-12 yrs. 13-18 yrs.
- Other (please specify): _____

Level of Education

- Primary or equivalent (grades 1—8)
- Secondary or equivalent (grades 9—12)
- Post Secondary or equivalent
- No formal education
- Other: _____
- Prefer not to answer



PROTECTING YOUR PRIVACY

Kingston Community Health Centres (“KCHC”) is committed to protecting your privacy and to keeping your personal health information safe. The steps we take to protect your information are described in our Privacy Statement and Privacy Policy. Please ask to see these if you would like to know more about our privacy practices.

KCHC is a single, multi-site agency that provides medical and non-clinical services to help people.

KCHC will collect and use your personal health information in order to provide health care services and for other reasons that are explained in our Privacy Statement.

We will only collect personal information that is necessary to provide services to our clients.

All KCHC staff who provide services to patients and clients will use and see clients’ personal health information.

Only authorized staff members are entitled to access clients’ personal health information, and they can only do so when they require this information in order to provide services.

We will not usually collect, use or share your personal health information without your permission. If you give us permission to give out your information, you can change your mind at any time. There are exceptions to this which are explained in our Privacy Statement and Privacy Policy.

You have the right to know how we may use your personal health information and how you can get access to do it. If the information we have is inaccurate or incomplete, you can ask us to correct it. You can ask us not to give your information out to other health care providers, and we will not do so unless the law allows or requires us to. Please ask any KCHC staff member to help you do this.

If your information is lost or stolen or improperly accessed, we will tell you.

If you have a concern, please discuss it with our Privacy Officer. She/he can be reached at (613)-542-2949. If you still have concerns, you can contact the Information and Privacy Commissioner of Ontario. Our Privacy Statement explains how to do this.

Initial of Client