



REFERRAL FORM

Has the client consented to be referred to our services? ☐ Yes ☐ No

Client Information

First Name: _____ Last name: _____

Date of Birth ____/____/____ OHIP: _____

Phone number: _____ Permission to leave a message: ☐ Yes ☐ No

Address (Including: province & postal code) If no address, please indicate the city or sector.

Mother tongue: _____ Preferred language: ☐ French ☐ English

Reason for consultation

Referrer Contact Information

Referrer's name _____

Organization



Upstream Ottawa

Email: _____

Phone number: _____

Date of Referral: ____/____/____

Other information we should know

Referral Submission to Montfort Renaissance Physician

The partner organization (Upstream) completes a referral form at first contact for a new client.

This form must be sent by **fax to 613-742-0986**, addressed to Reception.

Initial Contact with the Referred Client

If the referred person has access to a telephone, the MRI administrative assistant will contact them directly to offer an appointment date.

If the person does **not** have access to a phone, the assistant will reach out to the contact person listed on the referral form.

If there is no response:

- A voicemail will be left (if possible).
- A total of three (3) call attempts will be made.
- If there is no callback after these attempts, the assistant will notify the referring party that the follow-up could not be completed.

Follow-up consults

For follow-up consults (client already has a file open at Montfort Renaissance), one of the referral agency's (Upstream) worker or admin assistant can contact Montfort Renaissance by phone at: **(613) 442 0988 EXT 630** to schedule further appointments for the client when needed. **Please indicate that the request for appointment is for Upstream client, their name and DOB.**

Medical Appointment

Once the appointment is confirmed, the person must:

- Go to **338 Montreal Road, Suite 201 (second floor)**
- Check in at the reception desk before meeting with the physician
- Bring a **piece identification** (ideally Photo ID) and their **OHIP card** (if available).