

Attention VFHT Social Work

St. Joseph's Health Centre

Referral form for Village Family Health Team

Unit 102, 171 E Liberty St, Toronto, ON M6K 3P6

(416) 599-8348 Fax: (416) 599-2001

• **Catchment Area of VFHT:**

East/West: Parkside to University

North/South: Lakeside to Dupont

• **Please attach the following:**

Consult notes, medication list and/or discharge report

• **VFHT** does not provide depot injections at this time & patients must have a valid healthcard

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Patient Information (stamp or attach sticker with blue card info)

Primary physical health diagnosis

Primary mental health and/or addiction diagnosis

Patient's pharmacy and pharmacist's name

Current medication (attach list if needed):

Current treatment plan (who they will be seeing and frequency):

Referral agency info:	Name	Phone	Email
Case manager/clinician		(416) 530-6486 Ext _____	_____@stjoe.on.ca
Psychiatrist who will continue to follow and prescribe medications		(416) 530-6486 Ext _____	_____@stjoe.on.ca

Please check the best way of contacting patient to schedule an appointment:

- Contact patient only
- Contact patient and notify case manager/clinician
- Contact case manager/clinician only

