HART Hub Clinic
409 George St
Thunder Bay, ON
Phone: (807) 695-5033
Fax: (807) 577-6016

HART HUB

HOMELESSNESS AND ADDICTIONS RECOVERY TREATMENT HUB REFERRAL FORM

Please note that referrals will take up to 72hrs for review. If referrals are urgent, call the clinic upon sending.

Fax Referrals to (807) 577-6016

Client Information			
Full Legal Name:			
Preferred Name:			
Date of Birth (DD/MM/YYYY):		Sex:	
Preferred Language:		Gender:	
Indigenous Identity:	☐ First Nations ☐ Inuit ☐ Metis ☐ Prefer not to say ☐ Not applicable		
Health Card #:			☐ Not applicable
Address and Postal Code:			☐ No fixed address
Phone # or Best Contact Method (i.e. location, family member, email, friend):			
Referral Details			
Date of Referral (DD/MM/YYYY):			
Reason for Referral (select all that apply):	☐ Primary Health Care ☐ Episodic Health Care ☐ Mental Health Support ☐ System Navigation (e.g. ID, financial) ☐ Housing Support ☐ Cultural Support ☐ Treatment Assessment and Referral ☐ Substance Use Support and Counseling		
Brief Summary for Referral			
Relevant Medical or Social History *(If applicable, please fax any medical history and mediations lists with the referral)*			
Referral Source Contact Information			
Referrer Name:			
Role:			
Organization:			
Phone # or Best Contact Method:			

☐ **Referral Discussed and Verbal Consent Obtained From Client**

Referrer Signature: _____ Date: _____