Blue Door Clinic
Located at *Casey House*
119 Isabella St, 2nd Floor, Toronto, ON, M4Y 1P2
Phone: 437-235-7423
Fax: 416-907-7186

Blue Door Clinic provides healthcare to uninsured and precariously insured people living with HIV.

This includes, but is not limited to:

- Individuals **without** Ontario Health Insurance Program (OHIP) and **without** Interim Federal Health Program (IFHP)
- Temporary immigration status including individuals:
  - awaiting inland processing of immigration/refugee applications
  - awaiting approval of permanent residency applications
  - awaiting renewed contracts/work visas and migrant workers
  - with work permits but ineligible for OHIP
  - with active visitor visas
  - international college students whose mandatory health insurance plan excludes HIV care
  - non-status individuals ineligible for care through a Community Health Centre (CHC)

All services are free and confidential and include: HIV primary care/ health assessments provided by a doctor/ nurse practitioner, treatment for HIV and other health conditions, laboratory testing, immunizations, connection to medication access programs, referral to specialists (if needed), referral to community supports (e.g. housing, legal, settlement etc.), referral to ongoing healthcare when eligible.

Patient Information: **To assist the intake process, please provide as many details as possible*

First Name:	**Last Name:**	
Date of Birth:	**Gender:**	**Sexual Orientation:**
Address:	**Phone Number:** **Consent to leave a voice message?** ☐Yes ☐ No	
Email:	**Current Immigration Status:**	**Date Arrived in Canada:**
Country of Origin:	**Language(s) Spoken:**	**Interpretation Required?** ☐Yes ☐ No
Year of HIV Diagnosis:	**Country of HIV Diagnosis:**	
Currently taking HIV medication? ☐Yes ☐ No	**Name(s) of HIV medication:**	**# of doses remaining:**
Other health conditions/prescribed medications? ☐Yes ☐ No	**Name(s) of other diagnoses/medication(s):**	
Received medical care in Canada? ☐Yes ☐ No	**Name of health care provider(s)/clinic(s):**	
Additional information:		

Referral Information: ☐ COMMUNITY AGENCY ☐ HEALTHCARE PROVIDE ☐ SELF-REFERRAL

Date of Referral:	**Agency:**
Contact Person:	**Email:**
Telephone:	**Fax Number:**

Email completed form to: bluedoorclinic@caseyhouse.ca *OR* Fax to: 416-907-7186 Attention: Blue Door Clinic
Most individuals will receive an in-person appointment within 1-2 weeks of receipt of referral (dependent upon triage)

Last updated April 2026