



HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE
Strong Core Healthier Lives

REFUGEE TRANSITION CLINIC REFERRAL FORM

Improving care for refugees with complex needs through culturally sensitive client centered care

Client Information

Full name (Last name, First Name)		
Date of Birth (MM/DD/YYYY):		
Address Line 1		
City		
Province		Postal Code:
Email:		
Phone:		
Health Card Information:	Number # <input type="text"/>	<input type="checkbox"/>
	Version Code:	No HC

Background Information

Referred by:	
Arrival Date in Canada (MM/DD/YYYY):	
Country of Origin:	

430 Cannon Street East, Hamilton Ontario L8L 2C8
Phone: (905) 522-3233. Fax: (905) 522-3706. www.hucchc.com



HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

Strong Core Healthier Lives

Last Country of Residence (and for how long):	
Current Status in Canada:	
Languages	

Previous History

- **Surgical History:** Yes No

Comments:

- **Transfusion History:** Yes No

Comments:

- **Allergies:** Yes No

Comments:

Complexity Assessment Criteria

(Please select if applicable:)

- Hypertension Heart disease Chronic kidney disease COPD Chronic Pain
- Hyperthyroidism New Cancer diagnosis & Treatment Pregnancy Post-natal care
- Poorly controlled epilepsy Undifferentiated cognitive impairment Dementia
- Cerebral palsy Amputations Paralysis Neurological functional disorders
- Blindness Deafness Depression Post traumatic stress disorder Diabetes



HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE

Strong Core Healthier Lives

- Family crises Children mental health issues Lack of health insurance
- Unstable work conditions Low income Inadequate housing Social isolation
- Unstable work conditions Lack of integration into community Lack of social support
- Barriers to finding culturally and linguistically appropriate health resources and care

Interpretation Services

Interpretation services needed: Yes No

If yes, please specify patient's primary language: _____

--	--	--

Name (PRINT)

Signature

Date

Note: Please return completed form to us via Fax: 905-522-3706 or Email: intakes@hucchc.com