

STEPS TO HEALTH REFERRAL FORM

GOOD SHEPHERD HOMES PROGRAM

Tel: (905) 528-3655 Fax: (905) 528-2732

E-mail: MLetourneau@gSCH.ca

A wellness program offering exercise, nutrition, and smoking management programs for adults living with a mental health diagnosis.

Date of Referral (yy/mm/dd):

Name		D.O.B.	
Address		Apt #:	
Postal code		City	
Telephone/cell #		E-mail :	

Referral Agency		Telephone #	
Contact Name			

Primary Care Physician:			
Telephone #:		Fax #	
Psychiatrist (if any):			
Telephone #:			

Mental Health Diagnosis(es):

Circle or underline diagnoses you have from list below:

Anxiety Bipolar Disorder Depression Personality Disorder
Schizoaffective Schizophrenia

Other Diagnosis and Details:

PHYSICAL HEALTH Diagnosis(es):

Circle or underline diagnoses you have from list below:

Acquired brain injury	AIDS or HIV	Addictions	Allergies
Arthritis/Mobility	Back problems	Blood Pressure	Cancer
Digestion	Cholesterol	COPD	Developmental delay
Diabetes	Eating disorders	Foot problems	Hearing
Heart	Hepatitis	Incontinence	Kidney
Liver	Neurological	Respiratory	Seizures
Skin problems	Thyroid	Vision	

Other Diagnosis and Details:

Medications (please write a list, or attach a pharmacy list):

Health and Wellness Goals (Why do you want to join Steps to Health?)

1.

2.

3.

Fax Referral Form to (905) 528-2732 Attention: Steps to Health

Or e-mail to MLetourneau@gsch.ca