Kawartha Lakes
ONTARIO HEALTH TEAM
Connecting local care

Reset form

Virtual Wellness Connection Referral Form

Email the completed form to **info@kawarthalakesoht.ca** or call 705-934-1439 for more information.

CLIENT INFORMATION		
Name:	D.O.B.:	☐ Male ☐ Female
Address:		Apt #:
Client's Phone:	Language: ☐ English ☐ Other:	
Client Email:		
Emergency Contact:	Relationship:	
Phone:	Email:	
Lives alone? ☐ Yes ☐ No,		
Cognitive/Mental Health Status: ☐ Confused ☐ Forgetful ☐ Poor judgement ☐ Anxious ☐ Depressed Comments:		
Vision Impaired? ☐ Yes ☐ No Comments:		
Hearing Impaired? ☐ Yes ☐ No Comments:		

VIRTUAL WELLNESS CONNECTIONS REQUESTED		Details:
Activity To promote physical activity and mobility	☐ Yes ☐ No	
Vaccine (s) Education	☐ Yes ☐ No	
Optimize Medications Education and access for virtual appointments	☐ Yes ☐ No	
Interact To reduce social isolation and maintain relationships	☐ Yes ☐ No	
Diet & Nutrition Education	☐ Yes ☐ No	
COMMUNITY SUPPORT INFORMATION		**Details**
Home & Community Care Support Services Client?	Yes No	
Other Referrals	☐ Yes ☐ No	

Referral received from:	Date:

Office Use: