



# REFERRAL FOR FRIENDLY VISITING SERVICES

Please provide as much information as possible. Sections marked \* are required.

Client Name\* \_\_\_\_\_ Preferred Gender  
 Female  Male  Other: \_\_\_\_\_  
 Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Phone\* \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address\* \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**LIVING ARRANGEMENT**  
 Lives alone  With Spouse  With Family  Widowed  Assisted Living  Hospital  
 Other: \_\_\_\_\_

**LANGUAGES SPOKEN**  
 \_\_\_\_\_

**MEDICAL INFORMATION**  
 \_\_\_\_\_

**HEALTH CONCERNS**  
 Mobility (Please specify): \_\_\_\_\_  
 Vision impairment (Please specify): \_\_\_\_\_  
 Hearing impairment (Please specify): \_\_\_\_\_  
 Speech impairment (Please specify): \_\_\_\_\_  
 Allergies (Please specify): \_\_\_\_\_

**OTHER**  
 Pets:  No  Yes (please specify) \_\_\_\_\_ Smoker:  Yes  No

**OTHER IN-HOME SERVICES**  
 PSW  Yes  No Nursing Services  Yes  No Physio Therapy  Yes  No Occupational Therapist  Yes  No  
 Other (please specify) \_\_\_\_\_

**EMERGENCY CONTACT(S)\***

Name	Phone	Relationship to Client
_____	_____	_____
Name	Phone	Relationship to Client
_____	_____	_____

**REFERRED BY\***  
 Client or  Substitute decision-maker (SDM) has provided consent for referral to Indus & to their personal information being shared.  Yes  No

_____	_____
<b>Referee's Name &amp; Position</b>	<b>Referral Organization</b>
_____	_____
<b>Phone &amp; Email</b>	<b>Referral Date</b>

**Email:** friendlyvisiting@induscs.ca ■ **Fax:** 905-275-6799  
**Mail:** Att: Friendly Visiting Coordinator, 3038 Hurontario St., Suite 206, Mississauga, ON, L5B 3B9

For further information on our Friendly Visiting program, please contact the Friendly Visiting Coordinator at 905-275-2369, ext. 291.

**For Office Use Only (dd/mmm/yyyy)**

Referral Received On: \_\_\_\_\_  
 Referral verified with client On: \_\_\_\_\_ ⇒  Client would like to proceed with service  Client has declined service  
 In-Home Assessment scheduled for: \_\_\_\_\_ Matched with & Phone #: \_\_\_\_\_

Distribution: Original in client's file Copy uploaded to client's caseworks file