Street Health Centre
A part of Kingston Community Health Centres (KCHC)

115 Barrack Street
Kingston ON K7K 1G2
Tel: 613.549.1440
Fax: 613.549.7986

Patient information

Last Name: _____ First Name: _____

DOB (dd-mm-yyyy): _____ Gender (Check One): Male ☐ Female ☐ Other ☐

HIN: _____ Version Code: _____ Expiration Year: _____

Address: _____ City: _____ Postal Code: _____

Contact number: _____ Text Only: _____

Email: _____

Referral information

Date of Referral: _____

Source of Referral: _____

Phone: _____

Fax: _____

Primary Care Provider: _____

Phone: _____

Fax: _____ Patient Aware of Referral? Yes ☐ No ☐

Referral- Rapid Access Addiction Medicine

(Check all that apply)

Opioid Use Disorder	Mild	Moderate	Severe
Alcohol Use Disorder	Mild	Moderate	Severe
Stimulant Use Disorder	Mild	Moderate	Severe
Cannabis Use Disorder	Mild	Moderate	Severe
Substance Use Disorder NOS	Mild	Moderate	Severe

*Mild use will be triaged by counselor; Moderate/Severe will be triaged by NP if pharmacotherapy indicated

Referral- Hepatitis C

(Check all that apply)

☐	Testing for Hepatitis C
☐	Immunization for Hepatitis A & B
☐	Treatment for Hepatitis C

Referral- Harm Reduction

(Available on Walk-in Basis)

☐	Naloxone Kit or Education
☐	Inhalation and Injection Supplies

Referral- Smoking Cessation

☐	STOP Study- Enrollment for NRT

Additional Information

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Fax Referrals to SHC at 613-549-7986

Referrals will be faxed back to referral source with unsuccessful patient contact after 6 months.