



REFERRAL FORM

The TCHCP is an innovative, community based, client-centered collaborative care model which provides HCV support, education, and treatment to individuals living with or at risk of acquiring Hepatitis C infection.

We work with people who have had difficulty accessing the mainstream health care system. TCHCP clients are often very low income or homeless and have current or past substance use. We practice within a harm reduction framework and use a facilitated peer support model.

The TCHCP has 3 partner sites: South Riverdale CHC, Regent Park CHC, and Sherbourne Health. We accept referrals from individual providers and community agencies as well as from clients themselves.

If you are interested in referring someone to the TCHCP, please fill out the information below and send it to any of the 3 sites to start the intake process. Site selection is usually based on client preference.

Referral Source (please check one): Agency Health Care Provider Individual (self-referral)

Agency Name: _____ **Provider Name:** _____ **Phone:** _____

Client Name: _____ **DOB:** _____ **OHIP#:** _____
Last Name First name yy / mm / dd

What is the best way to contact this person? _____

Address: _____
Apt # Postal Code

Phone: _____ OK to leave a message? yes no

HCV+ (provide RNA result, if available): yes no At risk for acquiring HCV: yes no

Goal of referral / ways the TCHCP may be able to help your client: _____

Other information we should know: _____

**Please include relevant lab work, diagnostic test results, immunization records,
and any consult notes that may be helpful.**



South Riverdale CHC
955 Queen St. E
Toronto, ON M4M 3P3
Phone: (416) 461-2493
Fax: (416) 461-8245



Regent Park CHC
465 Dundas St. E
Toronto, ON M5A 2B2
Phone: (416) 364-2261
Fax: (416) 364-0822



sherbourne HEALTH
Sherbourne Health
333 Sherbourne St.
Toronto, ON M5A 2S5
Phone: 647.327.2839
Fax: (416) 324-4181