



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 Centre. 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. If you have general questions about the program, please call our Central Info Line at 416-417-6135.

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.**



SRCHC
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RPCHC
465 Dundas St. E
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Fax: (416) 364-0822



SHC
333 Sherbourne St.
Toronto, ON M5A 2S5
Phone: (416) 324-4180
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