

People Accessing Care Teams – PACT



Email: aahs@bcchc.com Fax: 416 249 7708 Phone: 416 246 2390

Referring service are part of Black Creek CHC PACT program located at:

NY Sheridan Mall 2202 Jane St. Unit 5 Toronto, ON, M3M 1A4 Tel: 416-249-8000	Yorkgate Mall 1 Yorkgate Blvd, Suite 202 Toronto, On, M3N 3A1	Dr. Rosen's office Finchurst Plaza 305 Finch Ave W., Suite 210 Toronto ON. M2R 1N2	Bathurst Health Centre 4256 Bathurst St. Suite 306 Toronto, ON M3H 5Y8
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Patient Information

Referring Physician

Name, Health Card #, DOB, Version code, Gender, Address, Phone #	Name, Billing #, Phone #, Fax #, Address Signature _____ Date: _____
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Referral type (For Internal use only)

- Medical/physical
 Mental health and/or addictions
 Social

Services requested (Please check all that apply)

<input type="checkbox"/> Chiroprody/Assessment & screening	<input type="checkbox"/> Physiotherapy (Non MVA)	<input type="checkbox"/> Harm Reduction
<input type="checkbox"/> Foot Care	<input type="checkbox"/> Registered dietitian	<input type="checkbox"/> Social worker/Therapist
<input type="checkbox"/> COPD education & Smoking cessation	<input type="checkbox"/> Registered Kinesiologist (Exercise)	<input type="checkbox"/> Retinal screening (Tele-ophthalmology)
<input type="checkbox"/> Diabetes education & Management CDE Nurse, CDE Dietitian, Chiroprapist, Social Worker, Retinal screening (Internal referrals to outlined services as needed)	<input type="checkbox"/> Sexual health clinic (Walk -in)	<input type="checkbox"/> Community support & social services
<input type="checkbox"/> International Board Certified lactation consultant	<input type="checkbox"/> Midwife	<input type="checkbox"/> System navigator

All our services are provided in English and French

Medical history

Medication list

Other clinical Information/ Most recent bloodwork