



Referral Form: Clinical and Prevention Services



Please fill in this referral to the best of your knowledge and return to:

safehavenssm@outlook.com

Date

MM

DD

YY

Referral Name

Professional Name and Designation

AVAILABLE SERVICES

<ul style="list-style-type: none"> • Prenatal Education/ Assessment • Family Planning • Birth Control Options (Prescriptions) 	Name of Client	<input type="text"/>		
<ul style="list-style-type: none"> • Postpartum Groups/ Assessment 	Date of Birth	<input type="text"/>		
<ul style="list-style-type: none"> • Lactation Consultation (Prescriptions) • 48hr Newborn Assessment • Breast pain assessment (Prescriptions) 	Sex	M	F	Other: <input type="text"/>
<ul style="list-style-type: none"> • Well-Baby Visit • Positive Parenting Programs • Growth and Development Assessment 	Full Address:	<input type="text"/>		
<ul style="list-style-type: none"> • Publicly Funded Immunization Appointment • Flu/ Covid19 Immunization Appointment • School Vaccines/ Travel Health (Prescriptions) 	Ontario Health Card #	<input type="text"/>		
<ul style="list-style-type: none"> • Smoking Cessation (Prescriptions) • Addictions 	Service Referral Reason:	<input type="text"/>		
<ul style="list-style-type: none"> • Wound Care (Prescriptions) 	Phone Number	<input type="text"/>		
	Home	<input type="text"/>		
	Mobile	<input type="text"/>		

Disclaimer: Safe Haven Sault Ste Marie is a proud, independently owned and operated clinical services establishment. As such, there may be fees associated with services that will be communicated clearly prior to consent to access these services. All services will be provided a receipt of service and therefore can be submitted to personal benefits, OW, ODSP and at the end of the year with any uncovered medical expenses.

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