Ingersoll
Nurse Practitioner-Led Clinic
Ontario

United Way
Oxford

Oxford County Trans Clinic Referral Form (Provider/Self-Referral)

19 King St. E. Ingersoll, Ontario N5C 1G3 FAX: (519) 926-6753 Phone: (519) 926-6752

Client must reside in Oxford Country and area at time of referral and be 16 + in age

Date of referral: _____

CLIENT INFORMATION (SELF-REFERRAL)			
Legal Name		Preferred Name	
Date of Birth		Spoken Language	
Phone Number	**Consent to Leave Message □ Yes □ No	Address/ Postal Code	
Gender Identity		Pronouns	
Email Address			

****Client Provided Verbal Consent to participate in the Oxford County Trans Clinic:**
□ Yes □ No

PROVIDER INFORMATION (PROVIDER REFERRAL)
Provider Name/ Family Doctor:
Address:
Phone:
Fax:
Email:

SERVICES CLIENT IS INTERESTED IN Check all that Apply)	
□ Mental Health/Social Support □ Medical Care (transition/ gender-affirming related only) □ Identification Support □ Other- please specify in notes	NOTES:

Reason for Referral:

If receiving care from other provider or is on a waitlist, please provide details:

Please note: Once we receive referral, we will contact the client by phone. We will attempt to contact the client two times and leave two voicemails, when consent is provided. If the client cannot be reached, the referring provider will be notified.