

STRIDE Referral Form: Email to: info@stride.on.ca

Inquiries: 905-693-4252 ext. 228

Website: www.stride.on.ca



Date of Referral:

CLIENT INFORMATION		OHIP #	
Last Name:		First Name:	
Preferred Name:		Date of Birth (D/M/Y)	
Gender:		Pronoun:	
Address:		City:	Prov. Postal Code:
Phone:		Can a message be left?	Yes No
Email:			
Alternate Contact Information:			
Name:		Relationship:	
Phone:			
Preferred Language:			
Is an interpreter requested?		No	Yes
Barriers to Communication:			
Cognitive Impairment	Hearing Impaired	Sight Impairment	Other
Are you current involved with a psychiatrist?		No	Yes
If yes: Name:		Phone:	
Reason for Referral:			
Referral Source Information: <i>If this is a self referral you don't need to complete this section.</i>			
First & Last Name:			
Organization:			
Full Office Address:			
Phone #:			
Email #			

Please return this form along with the Additional Information Form to STRIDE at info@stride.on.ca or via fax: 905-875-9262.

If you are a physician or one of the mental health and addiction service providers in Mississauga or Halton please complete the one-Link referral form along with the Additional Information Form and send them via the eReferral system.