



**iHEAL Referral Form**

**Please Fax Completed Referrals to MLHU at (519)663-8243**

**What is iHEAL?** iHEAL is a voluntary program to support women who have left or are in the process of leaving an abusive relationship. During their involvement in the program, women work with a Public Health Nurse on issues that affect their health, safety and well-being in 10 to 18 visits that take place in a community-based location over a 6-month period.

**Who Can Enroll?** Self-identified women of any age who are taking steps to separate or have separated from an abusive partner of any gender. If separated, this does not have to be recent. The woman’s interest in the program is more important.

Women can also self-refer to the program by calling the health unit at (519) 663-5317 and asking to speak with a Public Health Nurse.

**TO BE SIGNED BY CLIENT:**

The information on this form will be sent to the Middlesex-London Health Unit so that a Public Health Nurse can contact you to give you more information about the iHEAL program to see if you would like to participate. You can expect a nurse to contact you to give you more information about the program and ask if you are interested to meet in a safe place to talk more about how the iHEAL nurse can support you.

Client signature \_\_\_\_\_ Date: \_\_\_\_\_

*If you have questions about the collection of your personal information or how the Health Unit keeps your information private, please call Health Connection at 519-663-5317 and ask to speak with the Nurse Family Partnership Manager.*

**CLIENT INFORMATION: (To be completed by or with client)**

At a minimum, we require your name and contact information.

Name: \_\_\_\_\_ D.O.B.(yyyy/mm/dd) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Preferred time of day to contact: \_\_\_\_\_

Preferred method of contact:  phone call  voicemail  text  email

Is it safe to contact you by:  phone  voicemail  text  email (check all that are safe)

*If it is not safe to contact you using the phone number(s) and email address provided, please include another safe way that we can contact you:*

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*Other important information we need to know about how to best contact you:*

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*If we are unable to contact you, do you give your permission for MLHU to contact the referral source to verify that we have correct contact information and preferred method of contact? yes  no*

Language: English  Other: \_\_\_\_\_ Interpreter Required

If an interpreter is required, do you give your permission for us to share your contact information with the interpreter for follow-up? yes  no

**REFERRED BY:**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_