

HFHT Patient Attachment Referrals

The Hamilton Family Health Team (HFHT) Attachment Program helps individuals without a family doctor access primary care. This program refers to physicians across the Greater Hamilton, Haldimand and Niagara Northwest communities.

To complete a [referral](#), scan the QR code or visit (www.me-qr.com/s2438VIA). This should take less than 2 minutes to complete and is to be filled out by health and community partners only. **Please do not share the link with patients directly.**



How to submit an attachment referral:

Patient Attachment

Who should use this form?

Hospital and Community partners supporting patients who live and need a family doctor in Hamilton, Haldimand or Niagara North West.

Accepting referrals for Hamilton, Haldimand and Niagara North West postal codes.

Note: This link is not to be shared with patients.

Questions?

Contact the HFHT attachment team at attach@hamiltonfht.ca or call us at (905) 667-4848 ext. 179.

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Patient Attachment Information:

- This section highlights the regions HFHT can support and the attachment team contact information. Please use this number or e-mail for any questions or status updates.

Referring Organization:

I have obtained informed verbal consent from the patient. ☐ No ☐ Yes

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Patient Consent:

- Patient consent is ALWAYS required.

Referring Organization:

I have obtained informed verbal consent from the patient. ☐ No ☐ Yes

Does this patient require a warm hand off? ☐ No ☐ Yes

(for patients that might need your support getting to their first appointment)

Name of Organization:

Name of Person Completing Referral:

Phone Number:

Extension (optional):

Email address:

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Referring Organization:

- If a warm hand-off is selected, the referrer will be part of the process to help the patient get connected to a family physician. This could be helping them book an appointment, attending the meet and greet with them, or providing additional information to the care team.
- Information about the referral source is required in case there are any questions.

Patient Demographic Information:

Please complete the form below to register with our patient attachment team. Your answers will be kept secure and confidential.

First Name:

Preferred Name (optional):

Middle Name (optional):

Last Name:

Pronouns:

Birth Date:

Health Card / OHIP # (only enter valid HC#):

Version Code:

☐ Patient does not have Ontario Health Card/OHIP #

Street Address:

City:

Province:

Postal Code:

Please include as many contact options as possible.

Phone Number:

Email address:

Alternative Number (optional):

Patient's preferred method of contact: ☐ Phone ☐ Email ☐ Either phone or email

Are there any additional unattached family members (spouse/partner, parents, or children) you would like to add: ☐ No ☐ Yes

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Patient Demographic Information:

- Some fields are mandatory. The patient's postal code is used to determine the geography where they live, with a goal of connecting them with a doctor within their community.
- If a patient is a newcomer and does not have an OHIP card, please indicate if the patient is enrolled with the Interim Federal Health Program (IFHP).
- There is also an option to include additional family members, if applicable.

Additional Unattached Family Members (optional):

- If the names and birthdates of the family members can be provided, please enter this information. If this information is not provided, HFHT will follow up with the patient.

Additional Unattached Family Members (optional):

Can you provide the Name and Date of Birth for family members?

Family Member 1

Full Name: *

Birth Date: * 

Family Member 2

Full Name: *

Birth Date: * 

Additional Unattached Family Members (optional):

Can you provide the Name and Date of Birth for family members?

Additional Information:

- In the text box, please add any additional information that would be important in helping match a patient. An example might be patient's preferred language. Please also indicate here if the referral is a priority.
- On this page, once you click next, your form will be submitted.

Complete:

Is there additional information you would like to share (optional)?

✓ Your form has been successfully submitted. You may now close this window.

Once a referral is received, HFHT will:

- Contact the patient to discuss referrals to primary care, within 2-4 weeks.
- Strive to connect patients within a 3km radius, where possible, and consider factors such as need for gender affirming care, accessibility etc.
- Share the information with the primary care team which will call the patient to book a meet-and-greet appointment.
- **Note:** the time to wait for a meet-and-greet appointment depends on that clinic's availability.

Groups and Workshops

Patients can self-refer to HFHT's groups and workshops. These workshops are free, open to everyone, and led by healthcare professionals. To see a list of groups we are currently offering, scan the QR code to the HFHT website or use the following link (<https://hamiltonfht.ca/groups-workshops/public>).

Please note that patients can self-refer directly on this website and can also contact the groups line (**905-667-4852**) or email (groups@hamiltonfht.ca) if they need assistance.

