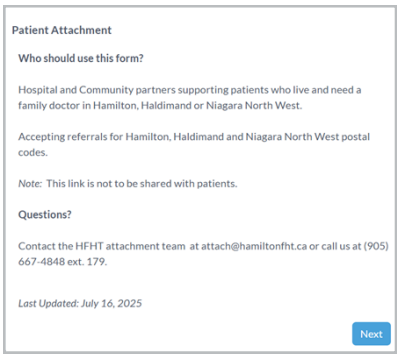
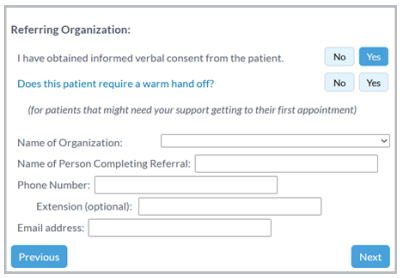
HFHT Patient Attachment Referrals

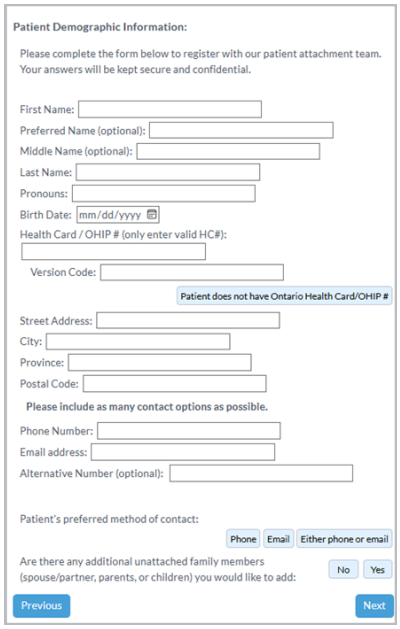
The Hamilton Family Health Team (HFHT) Attachment Program helps individuals without a family doctor access primary care. This program refers to physicians across the Greater Hamilton, Haldimand and Niagara Northwest communities.

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 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.

Patient Consent:

- Patient consent is ALWAYS required.

Referring Organization:

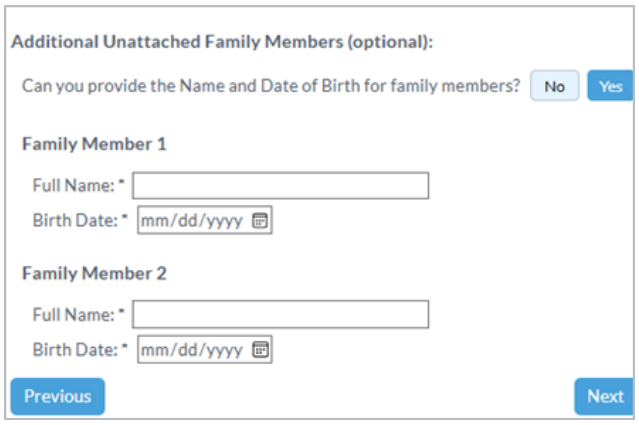
- If a warm hand-off is selected, the referrer will be part of the process to help the patient get connected to a family physician. This could be helping them book an appointment, attending the meet and greet with them, or providing additional information to the care team.
- Information about the referral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

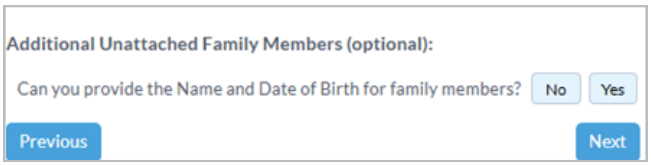
Patient Demographic Information:

- 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):

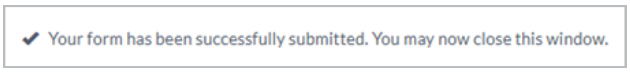
- If the names and birthdates of the family members can be provided, please enter this information. If this information is not provided, HFHT will follow up with the patient.





Additional 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.



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.