

E-Referral Notes

1. Information from your green health-card ready (Example A) is required.
2. A number of items on the referral form are mandatory. If you click the “Finish” button at the end of the form and a mandatory field is not complete you will receive an error message (Example B)
 - If you receive an error message, please do your best to correct the error and click “Finish” one more time.
 - If you are unsure what to enter you may use any characters that meet the requirements. See phone # 555-555-5555 in “Example B”.
3. If you click finish and receive the confirmation message (Example C) the form was successfully sent. If you did not receive this message please try again, or, call administration (519-768-1715x0).

Example A:



Health Information:

Health card province:

AB BC MB NB NL NS NT NU **ON** PE QC
SK YT

Health card number:

Expiration date:

Version code:

(Optional) Medical Provider:

(Optional) Other:

Example B:

Address

555 Main St.

City: West Lorne

Province:

AB BC MB NB NL NS NT NU **ON** PE

QC SK YT

Postal Code: NOL 2P0

Home phone number: 5555555555


Can a message be left at your home phone?

This field cannot be left empty.

Mobile phone number:

Example C:

Is the referral for an immediate family member (spouse, child, sibling or parent) of a WECHC employee?



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