



Cultural and linguistic needs are social determinants of health. The French Language System (FLS) Navigator is a care provider who serves North Simcoe Muskoka. The Navigator helps Francophone and French speaking people identify their health and wellness needs and goals. Together, they design a care plan with referrals to access appropriate services. The FLS Navigator is also available for professional and resource consultation.

**Referral Guidelines**

1. Complete this form and return it to [celeste.lalonde@chigamik.ca](mailto:celeste.lalonde@chigamik.ca) or by fax 705.526.2870
2. For more information, call Céleste at 705.527.4154 ext. 258 or visit [www.chigamik.ca](http://www.chigamik.ca)

Client Information ( Please complete if this is a self-referral or an agency referral)			
Client name:		What is your maternal language:	
		<input type="radio"/> French <input type="radio"/> English <input type="radio"/> Other	
	Which of the official languages are you most comfortable using: English    French    Both		
E-mail address:			
Telephone number:		Is it safe to call? Y / N	Is it safe to leave a message? Y/N
Reason for referral:			

(Check all that may apply below)

Reasons for referral (either for the individual or the family)			
<input type="radio"/>	Finding a family Doctor or Nurse Practitioner	<input type="radio"/>	Traditional Healing
<input type="radio"/>	Mental Health (coping skills, psychological assessments)	<input type="radio"/>	Personal Health
<input type="radio"/>	Income and Social Status (new immigrant, pensions, etc.)	<input type="radio"/>	Transportation
<input type="radio"/>	Addictions and Substance abuse counselling	<input type="radio"/>	Social Support Networks
<input type="radio"/>	Food Security and Nutrition Education	<input type="radio"/>	Education and Literacy
<input type="radio"/>	Housing (living arrangements, physical environments, etc.)	<input type="radio"/>	Employment
<input type="radio"/>	Healthy Child Development (parenting skills, etc.)	<input type="radio"/>	Justice or Legal
<input type="radio"/>	Social Environments ( family, isolation, supports, violence against gender)	<input type="radio"/>	Services via OTN (videoconference, specialists, etc.)
<input type="radio"/>	Gender Identity/Diversity/Sexual Health	<input type="radio"/>	Other:

Referring Agency (Please do not complete if this is a self-referral)	
Consent to refer obtained by the client:    Y / N	Community:
Referring Agency:	Date:
Contact name:	Department/Program:
Telephone Number:	E-mail Address:
Will you continue to communicate with this person?    Y / N	Other care providers involved:

To be completed by the French Language System Navigator	
Date/time referral received:	Date/time client contacted:
Follow up with referring Agency:	Date client assessed and using service: