



Indigenous Health Systems Navigator

Community Wellbeing Centre – Mohawks of the Bay of Quinte
50 Meadow Drive, Tyendinaga Mohawk Territory, ON K0K 1X0
T : 613-967-3603 Ext. 214 F: 1-855-554-1306

Brianneb@mbq-tmt.org or Jennak@mbq-tmt.org

DATE: _____

Patients Name: _____ **Patients DOB:** _____

Health Card #: _____ **Band Card #:** _____

Band/Territory/Reserve: _____ **Gender:** _____

Patients Address: _____

Patients Contact #: _____ **Allergies:** _____

Emergency Contact/Next of Kin: _____ **Relationship:** _____

Emergency Contact/Next of Kin #: _____

Admitting/Appointment Facility: _____

Admission/Appointment Date & Time: _____

Admitting Diagnosis/Appointment Reason: _____

Services Requesting (Select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Education on illness/disease |
| <input type="checkbox"/> Emotional Support/Friendly visit | <input type="checkbox"/> Grievance support |
| <input type="checkbox"/> Attending appointments | <input type="checkbox"/> Advocacy & guidance |
| <input type="checkbox"/> Discharge planning/communication w. staff | |

Referring Provider: *Please ensure the patient is aware that services are being accessed on their behalf*

Patient/Family: _____ **Contact #:** _____

HCP/Hospital Staff: _____ **Contact #:** _____

Once all bolded areas completed, please email/fax to the above contact information.