

# Faculty Wellness Program Referral Form

Learner name: \_\_\_\_\_

Learner email: \_\_\_\_\_

Please select one of the following:		
MD Student	YEAR	PROGRAM
Resident	YEAR	PROGRAM
Clinic Fellow	YEAR	PROGRAM
Graduate	YEAR	PROGRAM
Postdoc Fellows	YEAR	PROGRAM
TMM	YEAR	PROGRAM
Referred by:		
NAME	TITLE	
EMAIL	PHONE	
Anyone else to be included on further communications?		
NAME	TITLE	
EMAIL	PHONE	

## Faculty of Medicine

Faculty Wellness Program

613-562-5800 ext 8507 • [wellness@uOttawa.ca](mailto:wellness@uOttawa.ca)



<b>Referring learner to:</b> <input type="checkbox"/> Faculty Wellness Program (Assistant Dean, FWP or Director of Learner Wellness)
Has the learner consented to the referral?      Yes      No
Outline concerns and specific questions you wish to have answered:  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

<b>Outline expectations of the Wellness Office:</b>
<input type="checkbox"/> Confirmation with the referring faculty that the learner has met with the FWP. <i>(Please note that all personal health information is confidential and will not be shared).</i>
<input type="checkbox"/> I would like to discuss this referral with you.

**To note:** The Faculty Wellness Program also provides confidential individual counselling services. Please feel free to direct learners to [wellness@uottawa.ca](mailto:wellness@uottawa.ca) arrange an appointment.

**Submitted by:** \_\_\_\_\_

**Date :**

DAY	MONTH	YEAR		

Please email the completed form to [wellness@uottawa.ca](mailto:wellness@uottawa.ca) via [LiquidFiles](#)

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