

**Project 4C: Collaboration, Communication and Continuity of Care to meet the needs of adults with moderate to severe TBI and comorbid mental health and/or substance use disorder**

**Date**

**Name Referral Source  
Address**

Dear **Name of Referral Source**

Re: **Client Name**  
DOB: **Client DOB**

You referred **Client Name** to Project 4C: Collaboration, Communication and Continuity of Care to meet the needs of adults with moderate to severe ABI and comorbid mental health and/or substance use disorder, for assistance with the following unmet needs and risks: **list what is indicated on the referral form**. The referral has been reviewed for meeting the inclusion criteria and definition of high risk for a Project 4C discussion.

We will not be proceeding to discussion with the Project.

**Reason(s) why not admitting for discussion and recommendations.**

We are closing the file.

Please feel free to contact us again if **there are changes to the situation that provide evidence of all of the inclusion criteria and/or there is a significant increase in risk to the client or others**. If you wish to speak further, you can contact me at 613-547-6969 ext. **Ext #**.

Sincerely,

**Your Name**  
System Navigator

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With Outreach Offices in Belleville and Brockville

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**c.c. if any**