



| CMHA Grey Bruce Central Intake CONTACT INFORMATION | |
|---|--|
| Central Intake Local Number: 519-371-3642 ext: 3212 Toll Free Number: 1-888-451-2642 ext: 3212 Fax Number: 226-909-0484 | |
| REFERRAL INFORMATION | |
| Referral Date: | |
| Referred By: | |
| Contact Information (phone/fax/email): | |
| Relationship to Individual: | |
| Type of Service(s) Requested: | <input type="checkbox"/> Mental Health Counselling <input type="checkbox"/> Addiction Counselling <input type="checkbox"/> DT/DBT (GROUP) <input type="checkbox"/> Case Management <input type="checkbox"/> Court Diversion/Support <input type="checkbox"/> Congregate Living <input type="checkbox"/> Social Recreation/Rehabilitation <input type="checkbox"/> Peer/Family Support |
| Consent to Referral Obtained: | Individual has consented to this referral and is aware that information on this form will be input and stored in CMHA Grey Bruce's secure electronic database. <input type="checkbox"/> Verbal Consent <input type="checkbox"/> Written Consent Signature of consenting individual or representative*: _____ <small>*Referral source signature</small> |
| PERSONAL INFORMATION (Referred Individual) | |
| Name (First, Last): | |
| DOB (DD-MM-YYYY): | |
| Address: | |
| Phone: | |
| Email: | |
| Health Card Number: | |
| Substitute Decision Maker Details: | |
| PRESENTING CONCERNS/DIAGNOSES | |
| | |
| ADDITIONAL SERVICE INVOLVEMENT | |
| Past (including previous CMHA involvement): | |
| Current: | |
| Pending Referrals: | |
| Psychiatrist: | |
| Primary Care Provider: | |
| Current Legal Involvement: | |
| Form Completed By: | |