Mental Health and Addiction Services Referral Form

FORM-103

CMHA Grey Bruce Central Intake CONTACT INFORMATION	
Central Intake Local Number: 519-371-3642 ext: 3212 **Fax Number**: 226-909-0484	**Toll Free Number**: 1-888-451-2642 ext: 3212

REFERRAL INFORMATION		
Referral Date:		
Referred By:		
Contact Information (phone/fax/email):		
Relationship to Individual:		
Type of Service(s) Requested:	☐ Mental Health Counselling ☐ Addiction Counselling ☐ DT/DBT (GROUP) ☐ Case Management	☐ Court Support ☐ Congregate Living ☐ Social Recreation/Rehabilitation ☐ 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. ☐Verbal Consent ☐Written Consent Signature of consenting individual or representative*: ________________________________ *Signature of referring representative or client required to authorize consent	

PERSONAL INFORMATION (Referred Individual)		
Name (First, Last):		
DOB (DD-MM-YYYY):		
Address (if NFA please provide current town):		
Phone Number:		Please Contact Me By: ☐ Phone ☐ Text Message
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:	