



**Canadian Mental
Health Association**
Haliburton, Kawartha, Pine Ridge

Youth Changeways Referral

Date:

First Name:

Last Name:

Date of Birth:

Phone #:

Alternate Contact Information:

Best Time to Call: Morning Afternoon

Can Workers Leave a Message? Yes No

Have You Been a Previous C.M.H.A H.K.P.R. Client? Yes No

If Yes, When?

Referring Worker:

Primary Mental Health Concerns or Diagnosis:

Send referral form to mking@cmhahkpr.ca

For more information call Melanie at 705-748-6711 x2030