



**Canadian Mental  
Health Association**  
Haliburton, Kawartha, Pine Ridge  
*Mental health for all*

## Adult 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? \_\_\_\_\_

Referral Source: \_\_\_\_\_

Primary Mental Health Concerns or Diagnosis:

Send referral form to [sparnell@cmhahkpr.ca](mailto:sparnell@cmhahkpr.ca)

For more information call Samantha at 705-748-6711 extension 2028