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

## Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge Branch

# Referral Form

**Instructions: Please complete all fields to the best of your ability. If you require assistance completing this form, please call or ask someone at reception.**
**Please be advised that there may be a wait time for your initial intake appointment.**
**If you are in need of immediate assistance, please call Four County Crisis at 866-995-9933.**

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|---|---|---|---|---|
| **Today's Date:** | **Name:**<br><br>**Date of Birth:** | **Gender:**<br>☐ Male ☐ Trans<br>☐ Female ☐ Other<br>☐ Choose not to disclose | **Telephone:**<br>**Or**<br>**Cell:**<br>**Or E-mail:** | **Can we leave a message?**<br>☐ Yes ☐ No |
| **What is your preferred Language:** | **Are you of Aboriginal descent?**<br>☐ Yes ☐ No | **Canadian Citizen**<br>☐ Yes ☐ No | **Health card number and version code:** | **What is your mental health Diagnosis?:** |
| **Addictions?**<br><br>☐ Yes ☐ No | **What is your source of income?** | **Are you currently :**<br>☐ In school ☐ Working<br>☐ None | **What is your highest level of education you have completed?**<br>☐ Elementary ☐ Some high school ☐ High School<br>☐ Some College ☐ College/University | |
| **Are you requesting a Psychiatrist?**<br><br>☐ Yes ☐ No | **Have you ever accessed Four County Crisis Services?**<br><br>☐ Yes ☐ No | **What type of residence do you live in e.g. home, apartment, shelter, hospital?:** | | **Who do you live with?** |
| **PLEASE DESCRIBE PRESENTING CONCERNS:** | | | | |
| **Is the client aware of this referral?** ☐ Yes ☐ No | | **Please note that we may need to contact the referral source for further information** | | |
| **Referral source:**<br><br>**Agency:** | **Name:** | **Contact information:** | | |

## Office Use Only

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|---|---|---|---|
| **Initial contact date:** | **Message left:** ☐ Yes ☐ No<br><br>**Staff:** | **Appointment booked:**<br><br>**Date:** **Time:** | **Entered into CRMS:**<br><br>☐ Yes ☐ No |
| **Remarks:** | | | |