 **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.**

**Peterborough: 466 George Street North, Peterborough, ON, K9H 3R7 Phone: 705-748-6711 Fax: 705-748-2577**

**Kawartha Lakes: 33 Lindsay Street South, Lindsay, ON, K9V 2L9 Phone: 705-328-2704 Fax: 705-328-2456**

**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.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Today’s Date:** | **Name:**  **Date of Birth:** | **Address:** | **Gender:**  **Male  Trans**  **Female Other**  **Choose not to disclose** | **Telephone:**  **or**  **Cell:**  **or**  **E-mail:** | **Can we leave a message?**  **Yes** **No** |
| **What is your**  **preferred language:** | **What is your mental health diagnosis?** | | **Are you a Canadian Citizen?**  **Yes No** | **Health card number**  **and version code:** | **Are you of Aboriginal descent?**  **Yes No** |
| **Addictions?**  **Yes No** | **What is your source of income?** | | **Are you currently:**  **In school** **Working**  **None** | **What is your highest level of education you have completed?**  **Elementary**  **Some high school**  **High School**  **Some College**  **College/University** | |
| **Are you requesting a**  **Psychiatrist?**  **Yes No** | **Have you ever accessed Four County Crisis Services?**  **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:**  **Agency: Name: Contact information:** | | | | | |
| **Office Use Only** | | | | | |
| **Initial contact date:** | **Message left: Yes No**  **Staff:** | | **Appointment booked:**  **Date: Time:** | | **Entered into CRMS:**  **Yes No** |
| **Remarks:** | | | | | |

**5/19**