The Road Ahead – Mobile Wellness Clinic

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Referral (or self-referral) Form

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| Name: | Date of Birth: |
| Health Card Number: | Phone Number:  Do you give us permission to leave a message at this number?: Y N |
| Address: | If you are referring someone else, do they know that you are doing so? Y N  Did they consent to having you share their information? Y N |
| Referred by: Self Other  (indicate “self” or specify your name and contact information if referring someone else) |
| Presenting Concerns: (What are you most interested in getting help with?) | |
| What have you done in the past to address these concerns? What has helped? | |
| Do you have any Physical Health concerns or things that you feel we should know about? | |
| Is there a best time or a best way to contact you (we typically do an intake interview over the phone)? | |