



E-mail the completed referral form to: [bmhs @cmhahkpr.ca](mailto:bmhs@cmhahkpr.ca)

**Client Information:**

Client Name	
Address	
City, Postal Code	
Telephone	
Date of Birth	

**Reason for referral:**

*What do you hope to gain from this referral to Brief Mental Health Services?*

**Current Supports:**

*What supports does the client have in place? (Formal and informal)*

*What do these supports do for the client?*

Client consent gained.    Yes	Verbal consent.    Yes
Referrer name and contact information	Date