

MENTAL HEALTH AND ADDICTION NURSES (MHAN) – Referral form

Student's Last Name:		Student's First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (YYYY/MM/DD):	
Health Card Number:		Contact Number:	
Home Address:			Apt#:
City:		Province:	Postal Code:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Name: _____ Home: _____ - - Cell: _____ - - Bus: _____ - -		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Name: _____ Home: _____ - - Cell: _____ - - Bus: _____ - -	
Other Emergency Contact: Name & Relationship:			Phone:
Languages Spoken in Home (Maternal Tongue): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:			
Date Verbal Consent for Referral obtained from the Student/Guardian (DD/MM/YYYY): Name and relationship of person providing consent:			
School Board:		School Name:	Grade:
School Address:			
City:		Province:	Postal Code:
Telephone:			Fax:
Additional Information/Reason for Referral: (please ensure Student and/or Parent/Guardian consents to share health information and other agencies involved):			
<input type="checkbox"/> Mental health concerns (i.e.: depression, anxiety):			
<input type="checkbox"/> Diagnosis consultation:			
<input type="checkbox"/> Medication Management:			
<input type="checkbox"/> System Navigation:			
<input type="checkbox"/> Early Identification / Intervention:			
<input type="checkbox"/> Follow-up with student from in-patient program (hospital)/ youth justice system:			
<input type="checkbox"/> Addictions:			
<input type="checkbox"/> Other:			
Referral Source: _____		Contact Number: _____	
Title: _____	Signature: _____	Date: _____	
		DD/MM/YYYY	

Send To:

Fax #: **705-267-7795**

Northeast Community Care Access Centre

330 Second Ave, suite 101, Timmins, ON P4N 8A4

Phone #: 705-267-7766 Toll Free #: 888-668-2222

A CCAC MHAN will contact the student or parent/guardian to determine/confirm consent.