Canadian Mental Health Association
Brant-Haldimand-Norfolk

Referral

Name ________________________________ Date of Birth________________Gender__________

Address________________________ Town/City________________ Postal Code____________

Telephone ______________________ (alternate) ____________________

E-mail Address:____

☐ Email Only ☐ No Phone ☐ Messages OK ☐ Text Only

Health Card Number __________________________ Version Code _______

Family Doctor: ____________________________ Psychiatrist: ___________________________

Expected date of discharge or availability (if applicable): __________________________________

Any active criminal Charges or involvement with Probation & Parole ☐

Primary symptoms and presenting issues: ____

____

____

What help or support are you requesting from CMHA:_________________________________

____

____

Mental Health Diagnosis? Is this diagnosis confirmed by a doctor? Yes ☐ No ☐

____

Current Medications (optional):____

____

Are there other community services presently involved?

____

Referring Source (PRINT name/agency) ____

Contact #: ____________________________________

IMPORTANT: If the applicant has not signed this form, they MUST be aware and consenting to this referral

Referring Source Signature: _______________________________ Date: ___________________

I understand that non-identifying information may be collected from this referral for statistical purposes.
I also understand that CMHA may try to contact me through my referring source should it be necessary. I am aware of - and consent to - this referral for support.

Applicant Signature: ___________________________________ Date: ___________________

Please see other side for contact information →

Referral

Give us a call. We can help.

Toll Free: 1-888-750-7778

Website: bhn.cmha.ca

E-mail: mail@cmhabhn.ca

Brant Office (Administration)
44 King Street, Suite 203
Brantford, Ontario N3T 3C7
Tel: (519) 752-2998
Fax: (519) 752-2717

Haldimand Norfolk Office
395 Queensway West
Simcoe, Ontario N3Y 2N4
Tel: (519) 428-2380
Fax: (519) 428-3424