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 (please note: CMHA BHN does not provide Counselling or Referrals to Psychiatric care) :

_____

_____

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

_____

Current Medications (optional): _____

_____

Are there other community services presently involved?

_____

Where did you hear about our services? _____

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 →

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Referral

Who Can Apply for Services?

Referrals to CMHA, Brant-Haldimand-Norfolk Branch services can be submitted for any individual 16 years of age or older.

Referrals can be made by:

- the individuals themselves (self-referral)
- family or friends
- physicians or psychiatrists
- social workers
- community support workers
- hospitals
- community agencies
- Legal Counsel and Crown Attorneys

IMPORTANT: The applicant MUST be aware and consenting to this referral

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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

Rev 2025-03-13 kd