



## External Referral Form

### Information for Referral Source:

- The individual being referred must be aware that the referral form is being completed
- Appointment booking will be communicated through telephone to the client
- If an individual's contact information changes they are responsible to notify the intake staff
- Intake staff will make three attempts to contact the individual by telephone. If the individual cannot be reached, the file will be closed

Is the client aware of this referral?  Yes  No      Does the client consent to the referral?  Yes  No

### SECTION A: Referral Information

Date of Referral: \_\_\_\_\_ (DD/MM/YYYY)      Date Received: \_\_\_\_\_ (DD/MM/YYYY)

Referral Source Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agency Name and Address: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Is the client required to receive counselling?  Yes  No      If yes, by who? \_\_\_\_\_

Is the client in crisis?  Yes  No      If yes, please attach crisis plan and a brief description of the crisis:  
\_\_\_\_\_

Is the client currently in hospital?  Yes  No

Date of Admission: \_\_\_\_\_ Expected Discharge Date: \_\_\_\_\_

Does the client have a Substitute Decision Maker/Caregiver/Power of Attorney?  Yes  No

Name of Substitute Decision Maker/Caregiver/Power of Attorney: \_\_\_\_\_

### SECTION B: Client Information

Client's Legal Name (*first name, last name*): \_\_\_\_\_

Preferred Name (*if different from above*): \_\_\_\_\_ Pronouns: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Indigenous:  Yes  No

Health Card Number: \_\_\_\_\_ VC: \_\_\_\_\_

Address: \_\_\_\_\_

(Street, Town, Province, Postal Code)

Consent to send correspondence by mail:  Yes  No       No Fixed Address

Telephone Number: \_\_\_\_\_ Consent to contact by telephone:  Yes  No

Consent to leave detailed voicemail:  Yes  No      Consent to speak with others in the household:  Yes  No

If yes, please specify: \_\_\_\_\_

Household language:  English  French  Other: \_\_\_\_\_

Living Arrangements (*self, spouse, parent(s), long-term care, group home, roommate(s) etc.*): \_\_\_\_\_

Is the client currently pregnant?  Yes  No \* Due Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Consent to contact by telephone:  Yes  No

### SECTION C: Mental Health Information

Does the client have any concerns about their mental health?  Yes  No

Please explain: \_\_\_\_\_

Is the client engaged in mental health services?  Yes  No If yes, please list: \_\_\_\_\_

### SECTION D: Substance Use and Behaviour

Does the client have any concerns about their substance use?  Yes  No

Please explain: \_\_\_\_\_

Has the client had treatment for drugs/alcohol previously?  Yes  No

\* Please Provide Details: \_\_\_\_\_

Has the client been experiencing withdrawal symptoms?  Yes  No

Is the client currently prescribed any methadone/opioid substitute?  Yes  No

\*Prescriber: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Does the client identify gambling as an issue?  Yes  No

Does the client identify another behaviour as problematic or concerning?  Yes  No If yes, describe the behaviour and frequency: \_\_\_\_\_

### SECTION E: Physical Health Information

Name of Primary Care Provider: \_\_\_\_\_

Address/Telephone Number: \_\_\_\_\_

Family Health Team (FHT) / Medical Clinic: \_\_\_\_\_

Please list any known medications taken by the client:

\_\_\_\_\_

Allergies  Yes  No If yes, please specify: \_\_\_\_\_

Hearing Impairment  Visual Impairment  Interpreter Services  Mobility  Other: \_\_\_\_\_

**SECTION F: Legal Information**

Does the client have any involvement in the Criminal Justice System?  Yes  No  
 Is it a criminal court matter:  Yes  No Does the client have an upcoming court date?  Yes  No  
 Next Court Date: \_\_\_\_\_ Court Location: \_\_\_\_\_  
 List of Charges: \_\_\_\_\_  
 Does the client have a lawyer?  Yes  No \*Name of Lawyer: \_\_\_\_\_  
 Is the client on Probation or Parole?  Yes  No Name of Officer: \_\_\_\_\_

**SECTION G: Risk Factors**

**Home/Office Visit Concerns**  
 Are there any known safety risks staff should be aware of in delivering service? (such as history of violence/aggression, history of sexual assault, access to weapons, domestic violence, smoking in the residence, animals in the residence): \_\_\_\_\_

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**Risk Factors**

<p><b>Past:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Suicidal ideation</li> <li><input type="checkbox"/> Suicidal ideation with a plan</li> <li><input type="checkbox"/> Suicide attempt(s)</li> <li><input type="checkbox"/> Self-injurious behaviour(s)</li> <li><input type="checkbox"/> Thought to harm others</li> <li><input type="checkbox"/> Plan to harm others</li> <li><input type="checkbox"/> Aggressive/violent behaviour</li> <li><input type="checkbox"/> Delusions or hallucinations</li> <li><input type="checkbox"/> Addiction concerns/overdosing history</li> <li><input type="checkbox"/> Domestic violence</li> <li><input type="checkbox"/> Housing instability</li> </ul>	<p><b>Present:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Suicidal ideation</li> <li><input type="checkbox"/> Suicidal ideation with a plan</li> <li><input type="checkbox"/> Suicide attempt</li> <li><input type="checkbox"/> Self-injurious behaviour(s)</li> <li><input type="checkbox"/> Thought to harm others</li> <li><input type="checkbox"/> Plan to harm others</li> <li><input type="checkbox"/> Aggressive/violent behaviour</li> <li><input type="checkbox"/> New/increasing delusions or hallucinations</li> <li><input type="checkbox"/> Addictive behaviours</li> <li><input type="checkbox"/> Domestic violence</li> <li><input type="checkbox"/> Housing instability</li> </ul>
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Comments: \_\_\_\_\_

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**Protective Factors**  
 List any known protective factors for this client (such as steady employment, stable housing, supportive relationships, engagement in counselling services, involvement in prosocial recreational activities):  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Client Strengths**  
 List any known client strengths for this client (such as self-advocate, good sense of humor, honest, kind, goal-orientated, athletic, forward thinker, good friend):  
 \_\_\_\_\_  
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Thank you for making a referral to CMHAHP AMHS. Your involvement in this client's care is important to us; if you have any questions or concerns, or wish to provide updated client information, please contact our intake team at **519-271-6819 ext 1** or by fax **519-271-2746**

## SECTION H: Programs and Services

<p><b>Adult Substance Use</b></p> <p>A community treatment program for individuals who identify issues related to their substance use and identify a desire to make changes to their use. ASU approaches from a client-driven, goal-oriented, harm reduction approach. Services can be offered in-person, virtually, and over the phone. Within the program, services offered may include: Information, Screening &amp; Assessment, Individual Counselling, Referrals to Community Supports and/or Residential Treatment, Group Participation.</p>
<p><b>Mental Health Case Management</b></p> <p>The program serves individuals experiencing symptoms mental illness who require support to live and work in the community. Case managers provide on-going support as needed in order to stabilize, achieve goals, and improve quality of life. Services are tailored to the individual, based on their identified goals for support.</p>
<p><b>Transitional Case Management</b></p> <p>The program provides transitional case management for people dealing with addiction related issues; those who experience frequent visits to hospital and/or who are at high risk and need extra support. This time sensitive support is intended for individuals who require limited and immediate support or require temporary support while awaiting connection other programs and services both internally and externally. The overall goal is to work with clients is to create and implement a plan for enhancing stability, connecting with services and meeting the client's most urgent needs.</p>
<p><b>Community Withdrawal Services</b></p> <p>Provides comprehensive withdrawal and addiction support services. The program is tailored to individual needs and works within a harm reduction philosophy. CWS supports clients to withdraw in a safe and supportive environment, either at home or another safe location. Clients will be connected with a nurse who will work with them to develop a safe plan for withdrawal, including monitoring and support during all stages of withdrawal. Services are provided via telemedicine, telephone and face-to-face consultations by a team of Registered Nurses and a Nurse Practitioner.</p>
<p><b>Opiate/Methadone Support Program</b></p> <p>The opiate/methadone support program provides individual counselling and case management services to individuals experiencing problematic opioid use, or are on an opioid substitution program, such as methadone or suboxone.</p>
<p><b>Problem Gambling &amp; Behaviour</b></p> <p>This is a community treatment program the supports individuals, and their loved ones, who struggle with problematic behaviours. These behaviours may include but are not limited to problem gambling, problem spending/shopping, pornography/sex, and/or excessive internet use. The program follows a harm reduction approach and uses the balance wheel as guide for holistic support. This program is offered to both youth (12-24) and adult clients.</p>
<p><b>Pregnancy &amp; Parenting</b></p> <p>This program is a community treatment program designed for people whose substance abuse is directly impacting their parenting. Success is different for every person and the support that the Pregnancy and Parenting program provides will change for every family depending on individual needs. The Pregnancy and Parenting program follows a harm reduction and prevention framework. This program offers parenting education, skill building, support &amp; strategies.</p>
<p><b>Crossing Bridges</b></p> <p>Crossing Bridges is a confidential, virtual safe space for young people aged 12-24 to connect virtually with an Addictions Counsellor, get information about substance use and behavioural addiction, find substance use and addiction services and supports. The program provides support with both substance use addiction and behavioural addiction (e.g. gambling, gaming, sex, Internet or social media use, etc).</p>
<p><b>Peer Outreach</b></p> <p>Our Peer Outreach Workers use their own lived experience with mental health and addiction to walk alongside individuals in their own journey of recovery and wellness. They offer supportive listening and help with navigating the mental health, addiction, and health care systems. Service includes supporting people admitted to hospital and in the community. Services include attending appointments, accessing employment and education supports, as well as any number of other tasks that support identified goals as part of the recovery journey.</p>
<p><b>Phoenix Peer Support Centre</b></p> <p>In Stratford, community members are invited to attend the Phoenix Peer Support Centre, which offers a variety of groups and drop-in peer support services for both youth and adults. Staff and volunteers within this program have their own lived experiences with mental health and addiction recovery, and offer supportive listening and facilitation in connecting to other resources as needed.</p>