Canadian Mental Health Association
Lambton Kent

Chatham Kent CMHA Site

Integrated Mental Health Referrals

- ☐ Rapid Assessment Intervention Treatment (Referred by RAIT physician)
- ☐ Case Management
- ☐ ACCESS Open Minds/Youth Wellness Hub
- ☐ LAI Clinic
- ☐ First Response (Including Addiction)
- ☐ Early Intervention

ALL REFERRALS NEED ASSESSEMENT ATTACHED

Is this a d/c referral from hospital - ☐ **Yes** ☐ **No**

Section A: Service Request Information and Presenting Issues

Date:_____ (YY/MM/DD) Referral Time:_____ **(24 hour time system)**

Referral Source: _____

Health Provider's Name: _____ Signature: _____
(***Please print***)

Psychiatrist's Name: _____
(***Please print***)

Mental Health Diagnosis: _____

Medications: _____

Describe Mental Health and/or Physical Health Concerns:

_____

_____

Identify areas of risk/concern relevant to this individual or environment:

_____

Section B: Personal Information

Legal Client Name:_____ Pronoun: _____

Preferred Name: _____ Indigenous Worker Preferred: Yes ☐

D.O.B. _____ (YYYY//MM/DD) Age: ____ Health Card #: _____ Version Code _____

Address: _____ City: _____ Postal Code: _____

Phone:_____ Okay to leave message Yes ☐ No ☐

Emergency Contact Name: _____ Phone: _____

SDM or POA: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Okay to leave message Yes ☐ No ☐

Section C: Medical Conditions

Referral Outcome: _____

Worker Contact: _____

Fax completed form to Chatham CMHA (519) 351-9203

CMHA Team Member will respond as soon as possible to begin assessment for service.