HOME AND COMMUNITY CARE SUPPORT SERVICES
Toronto Central

Mental Health & Addiction Nurse (MHAN) in School Boards Initiative

HOSPITAL REFERRAL FORM

Home and Community Care Support Services Toronto Central

FAX: (416) 506-0374

Student's Last Name:	Student's First Name:
Gender: ☐ Male ☐ Female	Date of Birth (YYYY/MM/DD):
Health Card Number:	Contact Number:
Home Address:	Apt#:
City: Province:	Postal Code:
☐Mother ☐Father ☐Guardian Name: Home: - - Cell: - - Bus: - -	☐Mother ☐Father ☐Guardian Name: Home: - - Cell: - - Bus: - -

Languages Spoken in Home: ☐ English ☐French ☐Other:
Interpreter required? ☐No ☐Yes ☐Specify:

Date Verbal Consent for Referral obtained from the Student (DD/MM/YYYY): ____________________

And/Or

Date Verbal Consent for Referral obtained from Parent/Guardian (DD/MM/YYYY): ____________________

School Board:	School Name:	Grade:
School Address:		
City:	Province:	Postal Code:
Telephone:		Fax:

Reason for Referral: (please ensure Student and/or Parent/Guardian consents to share health information and other agencies involved):

☐Previous Mental Health Diagnosis:

☐ Addiction Concerns: ○ Alcohol ○ Drug Abuse ○ Gambling Ot Other

☐ Concerns:

Anxiety Suicidal	Depression	Mood Swings	Bizarre Behaviour
Ideation	Self-Harm Paranoid	Eating Disorder	Homicidal Ideation
Delusions	Behaviour	Withdrawn	Other:

☐ Transitions: ○In-Patient Unit to School ○ER Visit ○Alt. Ed. ○Section 23 ○Youth Justice System
○ Other:

☐ Medication/Diagnosis Health teaching:

☐Supporting External Community Referrals:

Additional Information:

Are there other agencies involved with student? Y N

Referral Source: ______________________________ **Contact Number:** ______________________________

Title: ______________________ **Signature:** ______________________ **Date:** ________________
DD/MM/YYYY

Send To: Fax #: (416) 506-0374
250 Dundas Street West, Suite 305, Toronto, ON, M5T 2Z5; Phone #: (416) 217-3820

A Home and Community Care Support Services Toronto Central Mental Health and Addiction nurse will contact the student or parent/guardian to determine/confirm consent.