

REFERRAL FOR MENTAL HEALTH AND ADDICTIONS NURSING (MHAN)

Student's Last Name:		Student's First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (DD/MM/YYYY):	
Health Card Number:		Contact Number:	
Home Address:			Apartment #:
City:	Province: ON	Postal Code:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Name: _____		Name: _____	
Home: _____ - _____		Home: _____ - _____	
Cell: _____ - _____		Cell: _____ - _____	
Business: _____ - _____		Business: _____ - _____	
Other Emergency Contact (Name & Relationship):			Phone:
Languages Spoken in Home (Maternal Tongue): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:			
Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:			
Date Verbal Consent for Referral obtained from the Student and/or Parent/Guardian (DD/MM/YYYY):			
Name and relationship of person providing consent:			
School Board:		School Name:	Grade:
School Address:			
City:	Province: ON	Postal Code:	
Telephone:			Fax:
Additional Information/Reason for Referral: (please ensure Student and/or Parent/Guardian consents to share health information with other agencies involved):			
<input type="checkbox"/> Mental health concerns (i.e.: depression, anxiety):			
<input type="checkbox"/> Diagnosis consultation:			
<input type="checkbox"/> Medication management:			
<input type="checkbox"/> System Navigation:			
<input type="checkbox"/> Early Identification / Intervention:			
<input type="checkbox"/> Follow-up with student from in-patient program (hospital)/youth justice system:			
<input type="checkbox"/> Addictions:			
<input type="checkbox"/> Other:			
Referral Source: _____		Contact Number: _____	
Print Name/Sign: _____		Position: _____	Date: _____ DD/MM/YYYY

Send To: Fax #: **705-267-7795**
 North East Local Health Integration Network
 330 Second Ave, Suite 101, Timmins, ON P4N 8A4
 Phone #: 705-267-7766 Toll Free #: 888-668-2222

A North East LHIN Mental Health & Addictions Nurse will contact the student or parent/guardian to determine/confirm consent.