



REFERRAL AND REQUEST FOR COMMUNITY MENTAL HEALTH SERVICES

Durham Mental Health Services and the Canadian Mental Health Association Durham are working together to coordinate services for clients. Using this referral, please select the program(s) that are most applicable. Please contact us if you have any further questions or visit us online.

Durham Mental Health Services
Fax: 905-666-2976
Intake Program
1 800 742-1890 or 905 666-0483
www.dmhs.ca

Canadian Mental Health Association Durham
Fax: 905-436-1569
Community Access Services
905-436-8760
www.durham.cmha.ca

Referred by:	Date:	Tel No. :
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Service(s) Requested	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Supportive Housing
<input type="checkbox"/> Criminal Justice Case Management	<input type="checkbox"/> Nurse Practitioner-led Clinic
<input type="checkbox"/> Assertive Community Treatment Team	<input type="checkbox"/> Rehabilitation Program
<input type="checkbox"/> Family Support	<input type="checkbox"/> Peer Support
Other:	

Client Information		
First Name:	Last Name:	DOB:
Address:		
Tel No:	Permission to leave a message: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health Diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes:		
Physical Health Diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes:		
Is this person involved in the criminal justice system? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Additional Comments:		

RECEIVED ON: _____

To Our Clients: In accordance with the Personal Health Information Protection Act, 2004 (PHIPA) all personal health information provided in the above form is confidential. To provide you with the best possible service your information may be shared within and between our two agencies. However, your informed consent will be required if your personal health information is to be shared outside of our two agencies.