HERE 24 SEVEN

1 844 437 3247
(HERE247)
Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

CAMBRIDGE MEMORIAL HOSPITAL

CMH Community Mental Health Services
700 Coronation Blvd., Cambridge, ON N1R 3G2
Phone (Intake) : 519-621-2333, ext. 3300

Request for (18 years of age and older) Adult Outpatient Mental Health Service

FAX FORM TO HERE 24/7 @ FAX: 1-844-437-3329

❑ **Urgent Response** (booked within one week)
For Mental Health Services (counselling)
(will see Psychiatrist prior to discharge)

❑ **Urgent Response** (booked within one week)
For Psychiatry Consultation

❑ **Non-Urgent Response**
For Mental Health Services/Groups
(anxiety, mindfulness, DBT skills, CBT, counselling, symptom management, concurrent disorders)
(will see Psychiatrist prior to discharge)

❑ **Non-Urgent Response**
For Psychiatry Consultation

Please ensure this form is fully completed to avoid delay in processing

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HEALTHCARE PRACTITIONER INFORMATION:

Referring Practitioner:_____

Direct Phone (back line): _____ Fax:_____

Physician Billing # _____

PATIENT INFORMATION (Affix Label)

Patient Last Name:_____ First Name:_____

Address: _____

Date of Birth: dd_____ mm _____ yyyy_____

OHIP Number: _____ Version code _____

**********Please confirm phone numbers: Home _____ Cell _____

PERMISSION TO LEAVE PHONE MESSAGE? ❑ YES ❑ NO

What is the clinical history and clinical question you would like answered? What have you already tried? (please be detailed and specific regarding signs, symptoms, and diagnosis if available).

Has the patient been involved with Mental Health Services or Psychiatry in the past? ❑ Inpatient ❑ Outpatient

If yes, specify where and when service was provided. Include collateral documentation, SW and MH team notes.

Is patient aware of and agreeable to referral? ❑ Yes

Healthcare Practitioner:_____

Please attach current and historical medication list and allergies

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