



1 844 437 3247  
(HERE247)

Call anytime to access  
Addictions, Mental Health  
& Crisis Services  
Waterloo-Wellington

**A – Demographics of Person Seeking Service** *(Attach label here if available)*

First Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ City: \_\_\_\_\_  
DOB: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
          dd mm yyyy  
Phone: \_\_\_\_\_ Ok to leave message:  Yes  No  
Preferred Language:  EN  FR  Other (Specify): \_\_\_\_\_

**REFERRAL FORM**

Family Physician: \_\_\_\_\_ HC #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Living Situation:  Alone  With Spouse/Family  Supportive Housing  Shelter  Foster Home  Residence  
 Other (Specify): \_\_\_\_\_

Is person aware of referral?:  Yes  No

**B – Guardian/Custody Status** *(if applicable)*

Custody Status:  Lives with both parents  Joint Custody  Sole Custody  Lives Independently  
 Other: \_\_\_\_\_

1. Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**C – Alternate/Emergency Contact Person**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Person: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Conduct call back with:  Person Seeking Service  Guardian  Alternate/Emergency Contact  Referrer (see below)

**D – Referrer Contact Information**

Referrer Role:  Family Physician  Nurse Practitioner  ER Physician  Other (Specify): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Fax: \_\_\_\_\_

Follow-up with me via:  Phone/Voice Mail  Fax  None OHIP Billing #: \_\_\_\_\_

**E – Reason for Referral**

**Reason for Referral:** *(i.e. consultation, goals for assessment, treatment, etc.)*

Why are you referring the person now? *(i.e. current symptoms, presenting problems, history, etc.)*

**Substance Use:** (current substances, amount, frequency of use, etc.) Does the person want help with this issue?  Yes  No

