



1 844 437 3247

(HERE247)

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



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 / Non-Urgent Response options for Mental Health Services and Psychiatry Consultation. Includes 'Please Choose One' instructions.

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

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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

HEALTHCARE PRACTITIONER INFORMATION:

Referring Practitioner: \_\_\_\_\_

Direct Phone (back line): \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Billing # \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach current and historical medication list and allergies

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