Ontario
Health atHome

Mental Health & Addiction Nurse (MHAN) Referral Form

Contact Ontario Health atHome at 1-800-810-0000

Fax completed form to 1-866-655-6402

Patient Information

Name _____ **HCN** _____ **VC** ____ **DOB (dd/mm/yy)** _____

Preferred Name _____ **Gender** _____ **Preferred Pronouns** _____

Address _____ **City** _____ **Province** _____

Postal Code _____ **Contact #** _____ **Student Cell #** _____

Preferred Language _____ **Interpreter Required** ☐ **Yes** ☐ **No**

Allergies _____ **Family Physician** _____

Revelant Contacts

☐ **Parent 1** ☐ **Parent 2** ☐ **Guardian**

Name _____

Home # _____

Cell/Alternative # _____

☐ **Parent 1** ☐ **Parent 2** ☐ **Guardian**

Name _____

Home # _____

Cell/Alternative # _____

School Board _____ **School Name** _____ **Grade** _____

School Address _____ **City** _____ **Province** _____

School Contact Name _____ **Phone #** _____

Referral Information (verbal consent required from student)

Verbal Consent for Referral obtained from Student ☐ **Yes** ☐ **No** **On this date (dd/mm/yy)** _____

Verbal Consent to Contact the Student at School ☐ **Yes** ☐ **No** **On this date (dd/mm/yy)** _____

Verbal Consent for Referral obtained from Parent/Guardian ☐ **Yes** ☐ **No** **On this date (dd/mm/yy)** _____

Previous Mental Health Diagnosis ☐ **Yes** ☐ **No** _____

Reason for Referral _____

☐ **Addiction Concerns** ☐ **Yes** ☐ **No** ☐ **Alcohol** ☐ **Drug Abuse** ☐ **Gambling**

☐ **Mental Health Concerns** ☐ **Anxiety** ☐ **Depression** ☐ **Mood Dysregulation** ☐ **Withdrawn**

☐ **Suicidal Ideation** ☐ **Self-Harm** ☐ **Eating Disorder** ☐ **Homicidal Ideation** ☐ **Delusions**

☐ **Paranoid behaviour** ☐ **Other** _____

☐ **Changes in behaviour** _____

☐ **System Navigation** _____

☐ **Other agencies involved with student** _____

☐ **Transitions** ☐ **Hospital to School** **Discharge Date (dd/mm/yy)** _____

☐ **Other** _____

☐ **Medication Assessment/Health Teaching** **Explain** _____

_____

☐ **Pre-existing Medical Concerns** _____

Version **22-001**

Print Clear

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Additional Information

Program Eligibility Criteria

To be eligible to receive Ontario Health atHome MHAN services the individual must be:

- Must be a registered student (up to age 21) (can include home instruction)
- In need of services or related treatment to an identified and/or suspected mental health and/or addictions issue
- Aware and have consented to the referral
- Clearly defined role for MHAN

Mental Health and Addictions services provided by the MHAN may include:

- System navigation
- Early identification and intervention for both mental health and addictions
- Reengagement of students displaying school refusal behaviours
- Working with an inter-disciplinary school board team and other professionals to provide mental health and addictions services and supports to students and their families
- Follow-up with students who are released from hospitals, emergency departments, and other sectors for mental health and addictions issues

Exclusion criteria typically includes the following:

- When the focus of intervention is behaviour modification in absence of mental health and/or addiction issue
- Students who refuse or do not consent to the services of the MHAN program
- Students who are non-attending school with no intention to return
- Students who are in Care, Treatment, Custody & Correctional (CTCC) program (Section 23)

Exceptional Circumstances:

- There may be times when referrers are unsure of whether a student meets the eligibility criteria for referral to the MHAN program, in these times – reach out to your local MHAN team to discuss @ 1-800-810-0000 Ext. 2105 or 3405.

Referrer Information

Name _____ Contact # _____

Organization _____ Date (dd/mm/yy) _____

☐ *Additional Information Attached*