Ontario Health atHome

Mental Health & Addiction Nurse (MHAN) in School Boards Initiative

Addressograph or Label

ONTARIO HEALTH ATHOME HOSPITAL REFERRAL
FAX: (416) 506-0374

Student's Last Name:	Student's First Name:	
Gender: ☐ Male ☐ Female	Date of Birth (YYYY/MM/DD):	
Health Card Number:	Contact Number:	
Home Address:		Apt#:
City:	Province:	Postal Code:

☐ Mother ☐ Father ☐ Guardian Name: Home: - - Cell: - - Bus: - -	☐ Mother ☐ Father ☐ Guardian Name: Home: - - Cell: - - Bus: - -

Languages Spoken in Home: ☐ English ☐ French ☐ Other:
Interpreter required? ☐ No ☐ Yes ☐ Specify:

Date Verbal Consent for Referral obtained from the Student (DD/MM/YYYY)**:** _____

And/Or

Date Verbal Consent for Referral obtained from Parent/Guardian (DD/MM/YYYY)**:** _____

School Board:	School Name:	Grade:
School Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	

Reason for Referral: (please ensure Student and/or Parent/Guardian consents to share health information and other agencies involved):

☐ Previous Mental Health Diagnosis:

☐ Addiction Concerns: ☐ Alcohol ☐ Drug Abuse ☐ Gambling ☐ Other

☐ Concerns:
☐ Anxiety Suicidal Ideation ☐ Delusions
☐ Depression ☐ Self-Harm Paranoid Behaviour
☐ Mood Swings ☐ Eating Disorder ☐ Withdrawn
☐ Bizarre Behaviour ☐ Homicidal Ideation ☐ Other:

☐ Transitions: ☐ In-Patient Unit to School ☐ ER Visit ☐ Alt. Ed. ☐ Section 23 ☐ Youth Justice System
☐ Other:

☐ Medication/Diagnosis Health teaching:

☐ Supporting External Community Referrals:

Additional Information:

Are there other agencies involved with student? ☐ Y ☐ N

Referral Source: _____ **Contact Number:** _____

Title: _____ **Signature:** _____ **Date:** _____
DD/MM/YYYY

Send To: Fax #: (416) 506-0374
250 Dundas Street West, Suite 305, Toronto, ON, M5T 2Z5; Phone #: (416) 217-3820

A Ontario Health atHome Mental Health and Addiction nurse will contact the student or parent/guardian to determine/confirm consent.