



A. Student Information - Completed by Parent/Guardian and School

Student Name: _____ Male Female

Please print Clearly

Surname

First Name

Date of Birth: _____
YYYY MM DD

Health Card
Number:

_____ (Version Code)
10 Digit Numbers

Home Address: _____
Street Name Apt# City Postal Code

Mother Father Guardian Primary Contact

Name: _____

Home#: _____

Cell#: _____

Bus#: _____

Mother Father Guardian Primary Contact

Name: _____

Home#: _____

Cell#: _____

Bus#: _____

Language Spoken in Home: English French Other: _____

Interpretation Required? No Yes If yes, please specify: _____

Interpreter name (if applicable) _____ Company/Individual _____

B. School Information – Completed by School

School Name: _____

School Address: _____
Street Name Apt# City Postal Code

Phone#: _____ Fax#: _____

Principal / Vice Principal: _____

Teacher: _____ Grade: _____ am / pm

Contact other than Teacher: _____

Referral form completed by: _____
Name Relationship Date

Team member tracking referral: _____
Name Contact#

To be completed by parent/guardian:

I give consent for the School Board to release/share referral information with the Ontario Health atHome regarding my child.

Parent / Guardian signature _____ Date _____

This referral form will be stored in the Ontario Student Record (OSR) for your son or daughter and can be removed at the request of the parent.

Ontario Health atHome SUPPORT SERVICES USE ONLY: NEW PATIENT PREVIOUS PATIENT

Mental Health and Addiction Nursing (MHAN) Program

Toronto District School Board (TDSB) REFERRAL FORM

TEL: (416) 217-3820 *FAX: (416) 506-0374

*PLEASE RETURN BY FAX ONLY

Student Name: _____

Please Print Clearly

Surname

First Name

School Name: _____

C. Mental Health and Addiction Nursing Services Requested – Completed by School

Toronto District School Board (TDSB) *All referrals to be processed through School Support Team

System Navigation:

Nursing support needed to help students, their families and TDSB staff access appropriate mental health and addictions, primary health care and emergency/secondary/tertiary care in the community

Early identification and intervention for both Mental Health and Addictions:

Nursing assistance to provide support and services for students with concurrent disorders

Nursing assistance to provide referrals for treatment support and services as required, while coordinating with TDSB mental health workers and supporting students accessing services from community agencies

Follow-up with students who are released from hospitals, emergency departments and other sectors (e.g. justice, Section programs) for mental health and addiction issues:

Nursing support needed to develop protocols with hospitals, justice care and/or treatment facilities, etc., to facilitate sharing of discharge information to ensure smooth transitions for students returning to school with a mental health and/or addiction issue

Nursing support required for follow up with students to ensure smooth transitions are made when returning to school after experiencing a mental health and/or addiction episode

Has this Referral been reviewed with the School Support Team?

Date of Review:

Concern/Reason for Referral (E.g. impact on school performance)

D. Additional Information-Completed by School and/or Parent/Guardian

Behavioral concerns _____

Safety concerns _____

Formal diagnosis _____

Medical concerns _____

Other agencies involved with child _____

Physician involvement _____

Community mental health care provider involvement _____

Other _____

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Patient Consent

This information should be considered confidential. For information regarding the contents of this form, call 416-217-3802.

Child's Name: _____ Health Card#: _____

Ontario Health atHome Toronto Central needs your consent in order to collect, use and share your child's personal information with health information custodians involved in delivering treatment services.

AUTHORIZATION TO COLLECT, USE, & DISCLOSE PERSONAL HEALTH INFORMATION

I understand that the Ontario Health atHome and its contracted service providers collect my child's personal health information necessary for purposes related to the services they provide, including:

- determining my child's needs and coordinating the services that can be provided
- reviewing his/her needs and services on an ongoing basis
- planning and evaluation of services
- purposes permitted by law.

In order to provide your child with the appropriate mental health and addiction services, the Ontario Health atHome and its services providers will share your child's personal health information with:

- your child's school (the following non-health information custodians: principal, teacher or child and youth worker)
- health care organizations, physicians and healthcare professionals involved in your child's care (includes the following TDSB health information custodians: social workers, psychologists, speech language pathologists, and occupational therapists).

You have the right to refuse or to withdraw your consent at any time by contacting the Ontario Health atHome. In addition, you also give the Ontario Health atHome Toronto Central permission to collect and share your child's personal health information with the following person(s):

1. Parent / Guardian please confirm your contact information

Name		Address	
Home Phone	Business	Cell	
Name		Address	
Home Phone	Business	Cell	

This consent is valid while your child is receiving services through the Ontario Health atHome. If at any time you want to make a change to this consent, please contact the Ontario Health atHome.

Do you understand and agree with all we have presented in this consent? If yes, please check the box and sign below.

Yes, I understand and agree.

Parent / Guardian's Last Name	Parent/Guardian's First Name	Signature	Date
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Specify any restriction required for this consent:

Mental Health and Addiction Nursing (MHAN) Program

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REFERRAL GUIDELINES

The Ontario Health atHome provides Mental Health and Addiction Nursing (MHAN) services to children from kindergarten to grade 12. The following outlines the referral process and the responsibilities of the Ontario Health atHome, TDSB and parents with respect to the provision of Mental Health and Addiction Nursing services.

REFERRAL PROCESS

Please note: All MHAN referrals to be processed by the School Support Team

- i) School initiates MHAN School Board Referral Form through the respective district school board process (see above) and/or sends home the referral form for completion by Parent(s)/Guardian
- ii) School reviews returned form for completion/accuracy and faxes the form to Toronto Central Ontario Health atHome
- iii) Toronto Central Ontario Health atHome nurse initiates contact with school to follow up on referral

THE SCHOOL IS RESPONSIBLE FOR:

- i) Ensuring support from all parties (i.e. parent, teacher and student) prior to making a referral
- ii) Providing a location that is conducive for service provision
- iii) Providing the necessary school support for the implementation of the Service Plan. This includes but is not limited to having school personnel available for consultation
- iv) Identifying if there are any language issues and/or the need for interpreters (section A)

THE PARENT/GUARDIAN IS RESPONSIBLE FOR:

- i) Ensuring all information on the referral is correct and current
- ii) Be supportive of the implementation of the Mental Health and Addiction Nursing Service Plan

THE ONTARIO HEALTH ATHOME IS RESPONSIBLE FOR:

- i) Developing a Service Plan in consultation with the parents, and school staff
- ii) Monitoring the Service Plan
- iii) Providing support and/or linking the school and parents to community resources