

Please be aware that one-Link does not offer access to crisis services through this referral form.

If in Crisis, please contact:

Halton COAST (Crisis Outreach and Support Team) 1-877-825-9011
24/7 Crisis Support Peel 905-278-9036
The Gerstein Crisis Center (Etobicoke) 416-929-5200



REFERRAL INFORMATION: _____ **Date of Referral:** _____

Reason for Referral at this time: _____

Referrers Name: _____ **Organization:** _____

Phone# : _____ **Fax #:** _____ **Billing # (if applicable):** _____

PERSON SEEKING SERVICES:

Last Name: _____ **First Name:** _____ **Health Card #:** _____

Alternative/Preferred Name: _____ **Gender:** _____ **Date of Birth:** _____

Address: _____ **No Fixed Address**

Is person aware of this referral? Yes No
Is there a Substitute Decision Maker (SDM)? Yes No
Is there a Power of Attorney (POA) for personal care? Yes No

PREFERRED METHOD OF COMMUNICATION: Phone
 (For appointment booking only) E-mail: _____

Please check if you agree to have the email consent form sent to above email address for consent to correspond via email

Preferred Call Back Time:

(Monday-Friday) **Primary Phone:** _____ **Do Not Leave Message**
 8:00-10:00AM
 10:00-12:00PM **Secondary Phone:** _____ **Do Not Leave Message**
 12:00-2:00PM
 2:00-4:00PM
 4:00-6:00PM

Mon & Wed Only: 6:00-8:00PM

Preferred Language: EN FR **Is an interpreter required:** Yes No

Other (Specify Language): _____

Barriers to Communication: (i.e. hearing impaired, sight impairment, cognitive issues) _____

ALTERNATE CONTACT (If different from above):

Name: _____ **Relationship:** _____

Primary Phone: _____ **Do Not Leave Message**

Secondary Phone: _____ **Do Not Leave Message**

Before faxing clinical information, please ensure fax number (905-338-2878) is automatically programmed into your equipment. This facsimile transmission is confidential, may contain legally privileged information and is intended for the review by only the individual or party to whom it is addressed, and for no one else. If it is received by someone other than the intended recipient, any dissemination, distribution or copy of this facsimile transmission is strictly prohibited. Please notify us immediately by phone and return the facsimile transmission to us by mail. One-Link is compliant with current privacy legislation. One-Link collects personal information for clinical service coordination assessment and treatment, research, and legal and regulatory purposes.

Page 2—Referral for Mental Health Services

PERSON SEEKING SERVICES:

Full Name: _____

Date of Birth: _____

CURRENT NEEDS AND SUPPORTS:

What kind of support is this person looking for? _____

Is this person currently involved with any mental health services? Yes No

Name of Professional: _____

Title: _____

Agency: _____

Phone: _____

(If person is involved with multiple professionals, please attach additional sheet to this form)

PSYCHIATRIC INFORMATION:

Is this person currently experiencing psychosis? Yes No

If yes, is this the first known episode? Yes No

Is this person pregnant or given birth in the last year? Yes No

Has this person received a formal mental health diagnosis? Yes No

Psychiatric diagnosis or diagnoses (please list): _____

Does the person have a current psychiatrist? Yes No

Name: _____

Phone Number: _____

Has this person completed a psychiatric consultation/assessment in the last year? Yes No

HOSPITALIZATIONS AND MEDICATIONS:

Has this person been hospitalized for mental health concerns in the last 2 years? Yes No

If known, total number of days hospitalized for mental health concerns in last 2 years: _____

Is this person currently taking any psychiatric medications? Yes No

Medication: _____ Dosage: _____ Frequency of Use: _____

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(Please attach additional sheet if needed)

ADDITIONAL NEEDS:

Has this person been diagnosed with a developmental disability? Yes No

Has this person been diagnosed with an Acquired Brain Injury (ABI)? Yes No

If yes, is this person receiving services by an agency specializing in ABI? Yes No

Is this person currently involved with the Criminal Justice System? Yes No

