Champlain ccac casc Community Care Access Centre / Centre d'accès aux soins communautaires de Champlain

Referral Form

Mental Health and Addictions Nurse Program

The Champlain CCAC's Mental Health and Addictions program aims to support children and youth in schools that may have mild to complex mental health and/or substance abuse issues. The CCAC goals are to support students to thrive, remain or successfully transition back to school.

Student Information			
Name:		Sex:	☐ Male ☐ Female
Home Address:		City	
		Postal Code:	
Phone # :		Date of Birth:	(DD/MM/YYYY)
HCN:		VC:	
School Name:		School Board:	
Grade:		Preferred Language	☐ English ☐ French ☐ Other

Parent/Guardian Contact Information			
Primary			
Name:		Role:	☐ Mother ☐ Father ☐ Guardian
		Home Phone:	
Address:		Cell Phone:	
		Business Phone:	
City:		Postal Code:	
Secondary			
Name:		Role:	☐ Mother ☐ Father ☐ Guardian
		Home Phone:	
Address:		Cell Phone:	
		Business Phone:	
City:		Postal Code:	

Reason for the Referral			
☐ Anxiety	☐ Symptoms of Depression	☐ Drug/Alcohol Abuse	☐ Eating Disorder
☐ Recent Loss	☐ Risk to Others	☐ Risk to Self	☐ Other *(Describe below)*

Additional or Pertinent Information:	

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Consent:				
I hereby agree with the information contained above and consent to this referral being shared with a Mental Health and Addictions Nurse and the Champlain Community Care Access Centre:				
Consent for Referral Obtained from the Student:	☐ Yes	☐ No	Date:	(DD/MM/YYYY)
Consent for Referral Obtained from the Parent/Guardian: *(if required)*	☐ Yes ☐ N/A	☐ No	Date:	(DD/MM/YYYY)

Attachments:			
Healthcare Professional Use Only			
☐ Medical , Social Work or Psychiatric History	☐ Medications List	☐ Recent Lab Results	☐ Discharge Summary
☐ Other (Describe)			

Referral Made by:			
Name:		Title:	
School:		Phone #:	
		Fax #:	
Signature:	______________________	Date:	(DD/MM/YYYY)

Please fax this referral form along with any attachments to the Champlain CCAC at:

1-888-990-8151

A Champlain CCAC Mental Health and Addictions Nurse will contact the student or parent/guardian to confirm informed consent for services.