

COPE MENTAL HEALTH REFERRAL FORM

Date:		Is Client Aware of the Referral: • Yes • No				
CLIENT INFORMATION						
Client Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar. / Div. / Sep. / Wid.
Language Spoken:	Health Care Number (OHIP):		Birth date:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Apartment/Unit Number:	City:		
Postal Code:		Home Phone Number: () ()		Cell Phone Number: () ()		
Family Doctor Name: Phone: ()		E-mail Address:		Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> E-mail		
Referral Source:			Referral Source Phone Number: ()			
Other Active Supports:						
<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> Durham Mental Health Services	<input type="checkbox"/> Ontario Shores	<input type="checkbox"/> CMHA Durham	<input type="checkbox"/> Psychiatrist Name:	
Other Supports/Private Practitioner:						
Medications (please attach list):						
Current Legal Issues: <input type="checkbox"/> None <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Unknown						
SERVICE INFORMATION						
SERVICE REQUESTED:		Group Support <input type="checkbox"/>				
OCAN Assessment Previously Completed?	• Yes • No	If Yes, please provide date of the OCAN: / /			OCAN Results Available for Review? • Yes • No	
Presenting mental health concerns/legal concerns/current issues/current risk behaviours, if any:						

IN CASE OF EMERGENCY						
Emergency Contact:		Relationship to Client:	Home Phone Number: ()	Cell/Work Phone Number: ()		

Please forward to the appropriate office:

Office	Phone	Fax	Office	Phone	Fax
• Ajax-Pickering	905-837-0017	905-837-7535	• Scugog	905-985-8461	905-985-0313
• Brock	705-432-2900	705-432-3362	• Uxbridge	905-852-7445	905-852-7879
• Clarington	905-623-2261	905-623-2604			
• Oshawa & Whitby	905-668-6223	905-668-7190			