Brant Community Healthcare System
The Willett, Paris
The Brantford General

200 Terrace Hill Street
E Wing, Main Floor
Brantford, Ontario
N3R 1G9
519-751-5530

Outpatient Mental Health and Addiction Services

Date: _____ Referring Agency:_____

Referring Name:_____ Phone:_____

FAX Referrals: 519-751-5548

Email:mhreferrals@bchsys.org

Please complete fully including the route to reach you with questions.

We Accept Self Referrals

BCHS Outpatient Mental Health and Addiction Programs

We offer other services and specialty groups that are not listed. At intake, we direct clients to the most appropriate and available service.

- ☐ **Crisis Counselling** (age 18+) (Brief Therapy Program)
- ☐ **Early Intervention** (age 16-24)
- ☐ **Early Psychosis Intervention** (age 14-35, psychotic symptoms present for less than 1 year)

Acute Day Treatment and Medication Clinic are accessed by an alternate referral process. Please call (519) 751-5544 Ext: 2657 for more information about these two programs.

Client Last Name **Client First Name** **Middle Name**

Address (Street #) City/Province Postal Code Phone Number(s)

Gender Identity Preferred Pronoun Date of Birth (D/M/Y) Age

Email Address OHIP # including Version Code

Interested in/prefer Indigenous centred counselling? Yes ☐ No ☐
Interpreter required ? Yes ☐ No ☐

Client aware of and / or agrees with referral? Yes ☐ No ☐
Can a confidential message be left on voicemail? Yes ☐ No ☐

Family Physician: _____ _____ Phone: _____

Psychiatrist: _____ Phone: _____

Referral Criteria: A Mental Health/Addiction Concern/Presenting Concerns: Please check the following area(s) of concern that apply:

- ☐ Depressive Disorder
- ☐ Anxiety Disorder
- ☐ Personality Disorder
- ☐ Bipolar and Related Disorders
- ☐ Schizophrenia Spectrum/other Psychotic Disorders
- ☐ Grief and Loss (not as primary concern)
- ☐ Concurrent Disorders (Addiction + MH concerns)
- ☐ Family Education / or Support Groups
- ☐ Peer Support Program
- ☐ Family Counselling and Treatment

Please share Clients goals for counselling (Required) :

Current Risk: (High/Moderate/Low) ☐ **Harm to Self**_____ ☐ **Harm to Others**_____

We respond promptly but not immediately to referrals. If risk level warrants, please access Emergency Services. More details / other concerns:

If this section is left blank we are assuming that the risk is low.

Other Information: (Including reason for referral, involvement with other services/counselling, eligibility for EAP, medications) (Attach relevant documents)

Internal Use:	Appt. Date:	Time:	Counsellor:

Clients under age 16, please call Contact Brant: (519) 758-8228. Please contact a psychiatrist's office directly to discuss or make a referral to a psychiatrist. We do not offer forensic assessment or treatment, MVA assessment, or adult ADHD assessment
We are unable to provide assessments for legal, custody, disability, insurance or Workers Compensation issues, Please confirm that this is not a referral for such a consultation. Confirmed