March 2017

Dear colleagues,

We are pleased to inform you that Central West LHIN community Mental Health and Addictions Health Service Providers will be introducing a common Registration Form effective April 1, 2017.

This new form (sample attached) will replace all existing referral and application forms for mental health and addiction services offered by these providers. It requires an individual to complete a form once – it can be reused for other referrals as needed or requested. This will ensure consistency for every referral and eliminate both the individual's effort to repeat basic information and agencies' effort to re-collect it.

Central West LHIN Mental Health and Addiction Health Service Providers using the form as of the end of March include the following:

Provider	Website	Phone	Email
Canadian Mental Health Association Peel Dufferin	www.cmhapeeldufferin.ca	905-451-2123	intake@cmhapeel.ca
Family Transition Place	www.familytranstionplace.ca	519-941-4357	admin@familytransitionplace.ca
Friends and Advocates Peel	www.fapeel.org	905-452-1002	contact@fapeel.org
Hope Acres Salvation Army	www.hopeacres.com	705-466-3435 ext. 251	yvonne.forrest@hopeacres.ca
Punjabi Community Health Services	www.pchs4u.com	905-677-0889	referrals@pchs4u.com
SHIP (Supportive Housing in Peel) *continues to manage referrals to Peace Ranch*	www.shipshey.ca	905-795-8742 ext. 223	intake@shipshey.ca

The referral process for each provider remains the same. As such, when making a referral the Registration Form should be completed in full and submitted to the provider(s) that has the services you want to access – same as what you do now. Central West LHIN Mental Health and Addiction providers may make additional referrals using the same form.

Screening and intake procedures within these individual service providers will not change at this time. Some providers will require additional, supplemental information and/or forms to be completed in order to ensure registration into the most appropriate service.

For more information about these changes please contact one of the Mental Health and Addiction Health Service Providers as listed above. William Osler Health System community services are not introducing the registration form at this time but will continue to use existing program-specific referral forms.

Thank you.

Central West LHIN Registration Form
Mental Health and Addictions Services

SAMPLE ONLY

Ontario
Central West Local Health Integration Network
Réseau local d'intégration des services de santé du Centre-Ouest

Inquiries:

Website:

Acceptance of registration requires legible answers for all fields on the two pages, including indicating the choice not to answer.

REGISTRANT'S INFORMATION		Health Card #:											
Last Name:		Gender:	☐ Female	☐ Trans									
First Name:			☐ Intersex	☐ Do not Know									
Birth Date:	Day ☐☐ Month ☐☐ Yr ☐☐☐☐		☐ Male	☐ Prefer not to answer									
Street Address:			☐ Other:										
City/Town, Prov.:		Postal Code:											
Email:		Internet access?	☐ No	☐ Yes									
Home:		Cell:		☐ Yes, you may text									

What details can be left in a message?
(after the second failed attempt to contact you, your alternate contact will be phoned/emailed)

☐ Caller's Name ☐ Agency Name ☐ Phone number
☐ Reason for call ☐ Follow up Required ☐ Appointment Info

Barrier to Communication: ☐ Limited/no English ☐ Cognitive ☐ Hearing ☐ Sight ☐ Other:

If not most comfortable speaking in English, is an interpreter needed? ☐ No ☐ Yes ☐ Do not know

Is this referral from an Emergency Department Visit for Addictions or Mental Health? ☐ No ☐ Yes, please specify the hospital:

Is this referral from a Mental Health Inpatient unit? ☐ No ☐ Yes, specify hospital:

Alternate Contact:		Relationship:	
Phone:	Cell:	Email:	

Reason for Referral: - concerns - diagnosis - situation - symptoms - risk to self/others	
Medications (list or attach all current medications):	

Supportive Housing requested? ☐ No ☐ Yes Vocational Supports requested? ☐ No ☐ Yes

Referral Source Name:		Billing #:	
Professional Designation:		Email:	
Agency Name and Office Mailing Address: *(affix sticker or stamp)*		Phone:	
		Fax:	

Before faxing clinical information, please ensure fax number (xxx-xxx-xxxx) is automatically programmed into your equipment.

February 2017

We Ask Because We Care

Mental Health and Addictions providers in Brampton, Bramalea, Bolton/Caledon, Dufferin County, North Etobicoke, Malton, and west Woodbridge (the Central West LHIN) are collecting social information from individuals seeking service to find out who we serve and what are the unique needs amongst these individuals. We will also use this information to understand people's experiences and outcomes.

1. Do I have to answer all the questions? No. The questions are voluntary and you can choose 'prefer not to answer' to any or all questions. This will not affect your care.

2. Who will see this information? This information will be visible only to your health-care team and protected like all your other health information. If used in research, this information will be combined with data from all other inidividuals and no one will be able to identify any of the individuals seeking service.

What language would you feel most comfortable speaking in with your health care provider? Choose ONE.

☐ Amharic	☐ English	☐ Korean	☐ Somali	☐ Urdu
☐ Arabic	☐ Farsi	☐ Nepali	☐ Spanish	☐ Vietnamese
☐ ASL	☐ French	☐ Polish	☐ Tagalog	☐ Other (specify):
☐ Bengali	☐ Greek	☐ Portuguese	☐ Tamil	_____
☐ Chinese (Cantonese)	☐ Hindi	☐ Punjabi	☐ Tigrinya	☐ Do not know
☐ Chinese (Mandarin)	☐ Hungarian	☐ Russian	☐ Turkish	☐ Prefer not to answer
☐ Czech	☐ Italian	☐ Serbian	☐ Twi	
☐ Dari	☐ Karen	☐ Slovak	☐ Ukrainian	

Were you born in Canada? ☐ Yes ☐ No ☐ Do not know ☐ Prefer not to answer

If not born in Canada, what year did you arrive? ☐ Please check if the year provided is a guess/estimate

Which of the following best describes your racial or ethnic group? Choose ONE.

☐ Asian - East (e.g. Chinese, Japanese, Korean)	☐ Latin American (e.g. Argentinean, Chilean, Salvadoran)
☐ Asian - South (e.g. Indian, Pakistani, Sri Lankan)	☐ Metis
☐ Asian - South East (e.g. Malaysian, Filipino, Vietnamese)	☐ Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
☐ Black - African (e.g. Ghanaian, Kenyan, Somali)	☐ White - European (e.g. English, Italian, Portuguese, Russian)
☐ Black - Caribbean (e.g. Barbadian, Jamaican)	☐ White - North American (e.g. Canadian, American)
☐ Black - North American (e.g. Canadian, American)	☐ Mixed heritage (e.g. Black - African & White - North American)
☐ First Nations	Please specify: _____
☐ Indian - Caribbean (e.g. Guyanese with origins in India)	☐ Other(s): Please specify: _____
☐ Indigenous/Aboriginal - not included elsewhere	☐ Do not know
☐ Inuit	☐ Prefer not to answer

What is your sexual orientation? Choose ONE. ☐ Bisexual ☐ Gay ☐ Heterosexual ☐ Lesbian

☐ Queer (a term used by people who do not follow common sexual orientations) ☐ Do not know ☐ Prefer not to answer

☐ Two-Spirit (a term used by Aboriginal people) ☐ Other (Please specify): _____

What was your total family income before taxes last year? Choose ONE. ☐ Do not know ☐ Prefer not to answer

☐ $0 - $14,999	☐ $20,000 – $24,999	☐ $30,000 – $34,999	☐ $40,000 – $59,999
☐ $15,000 – $19,999	☐ $25,000 – $29,999	☐ $35,000 – $39,999	☐ $60,000 or more

How many people does this income support? ☐ Do not know ☐ Prefer not to answer