

### Mental Health & Addiction Nurse (MHAN) Referral Form

Contact the Home and Community Care Support Services HNHB at 1-800-810-0000

Fax completed form to 1-866-655-6402

#### Patient Information

Name \_\_\_\_\_ HCN \_\_\_\_\_ VC \_\_\_\_\_ DOB (dd/mm/yy) \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Contact # \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Preferred Language \_\_\_\_\_ Interpreter Required  Yes  No  
Allergies \_\_\_\_\_ Family Physician \_\_\_\_\_

#### Relevant Contacts

<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian Name _____ Home # _____ Cell/Alternative # _____	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian Name _____ Home # _____ Cell/Alternative # _____
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School Board \_\_\_\_\_ School Name \_\_\_\_\_ Grade \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
School Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### Referral Information (verbal consent required from student)

Verbal Consent for Referral obtained from Student  Yes  No On this date (dd/mm/yy) \_\_\_\_\_  
Verbal Consent to Contact the Student at School  Yes  No On this date (dd/mm/yy) \_\_\_\_\_  
Verbal Consent for Referral obtained from Parent/Guardian  Yes  No On this date (dd/mm/yy) \_\_\_\_\_  
Previous Mental Health Diagnosis  Yes  No \_\_\_\_\_  
Reason for Referral \_\_\_\_\_  
 Addiction Concerns  Yes  No  Alcohol  Drug Abuse  Gambling  
 Mental Health Concerns  Anxiety  Depression  Mood Dysregulation  Withdrawn  
 Suicidal Ideation  Self-Harm  Eating Disorder  Homicidal Ideation  Delusions  
 Paranoid behaviour  Other \_\_\_\_\_  
 Changes in behaviour \_\_\_\_\_  
 System Navigation \_\_\_\_\_  
 Other agencies involved with student \_\_\_\_\_  
 Transitions  Hospital to School Discharge Date (dd/mm/yy) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Medication Assessment/Health Teaching Explain \_\_\_\_\_  
\_\_\_\_\_  
 Pre-existing Medical Concerns \_\_\_\_\_

Home and Community Care Support Services Hamilton Niagara Haldimand Brant  
Mental Health & Addiction Nurse Referral Form

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Name \_\_\_\_\_ HCN \_\_\_\_\_ VC \_\_\_\_ DOB (dd/mm/yy) \_\_\_\_\_

**Additional Information**

**Program Eligibility Criteria**

**To be eligible to receive HCCSS HNHB MHAN services the individual must be:**

- Must be a registered student (up to age 21) (can include home instruction)
- In need of services or related treatment to an identified and/or suspected mental health and/or addictions issue
- Aware and have consented to the referral
- Clearly defined role for MHAN

**Mental Health and Addictions services provided by the MHAN may include:**

- System navigation
- Early identification and intervention for both mental health and addictions
- Reengagement of students displaying school refusal behaviours
- Working with an inter-disciplinary school board team and other professionals to provide mental health and addictions services and supports to students and their families
- Follow-up with students who are released from hospitals, emergency departments, and other sectors for mental health and addictions issues

**Exclusion criteria typically includes the following:**

- When the focus of intervention is behaviour modification in absence of mental health and/or addiction issue
- Students who refuse or do not consent to the services of the MHAN program
- Students who are non-attending school with no intention to return
- Students who are in Care, Treatment, Custody & Correctional (CTCC) program (Section 23)

**Exceptional Circumstances:**

- There may be times when referrers are unsure of whether a student meets the eligibility criteria for referral to the MHAN program, in these times – reach out to your local MHAN team to discuss @ 1-800-810-0000 Ext. 2105 or 3405.

**Referrer Information**

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Organization \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_

Additional Information Attached