

Mental Health & Addiction Nurse (MHAN) Referral Form

Please ensure form is completed for accuracy. Fax completed form to 1-855-787-4838

School Information		
School board:	School name:	Grade:
School address:	City:	
School contact name:	Phone #	

To be eligible to receive Ontario Health atHome MHAN services the student 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

Note: See page 2 for additional eligibility and referral information.

Patient Information		
Legal name (Last, First):		
HCN:	VC:	DOB:
Preferred name:	Sex:	Identifies as:
Address:		City:
Postal code:	Contact #	Student cell #
Preferred language:		Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:		
Primary care provider (Physician/NP):		Phone #

Relevant Contacts					
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Guardian
Name:			Name:		
Relationship:			Relationship:		
Home #			Home #		
Cell/alternative #			Cell/alternative #		

Referral Information (<i>verbal consent required from student and/or legal decision maker</i>)	
Verbal consent for referral obtained from student: <input type="checkbox"/> Yes <input type="checkbox"/> No	On this date:
Verbal consent to contact the student at school: <input type="checkbox"/> Yes <input type="checkbox"/> No	On this date:
Verbal consent for referral obtained from parent/guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	On this date:
Previous mental health diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No; Describe:	

Reason for Referral (*select all that apply*): System navigation; School avoidance with student's intent to return;
 Early ID and intervention for mental health and addictions; Medication management; Health teaching; Family support;
 Safety planning; Healthy coping skills development; Other: _____

Describe reason for referral:	<i>Additional Information Page 3</i>
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Addiction concern(s): <input type="checkbox"/> Yes <input type="checkbox"/> No; Describe:

Mental health concern(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Mood dysregulation	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Risk to self	<input type="checkbox"/> Risk to others	<input type="checkbox"/> Eating disorder/concerns		

Changes in behaviour: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
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Other agencies involved with student:

Patient History

Recent hospital visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	ED visit:	Discharge date:
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Medications (include name, dose and frequency):

Pre-existing medical condition(s):

Additional information (Consult notes, best possible medication history, etc.) relevant to referral:
<input type="checkbox"/> Additional information attached (Page 3)

Referral Source

Name:	Contact #
Organization:	Date:
Email address:	Signature: _____

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 avoidance 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 released from hospitals, emergency departments, and other sectors for mental health and addictions issues.
- Medication review and reconciliation.

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 not attending school with no intention to return.

Exceptional Circumstances:

- Students on the Autism spectrum considered only for safety planning and/or system navigation working in collaboration with existing team.
- 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 at 1-800-263-3877 x 5814.

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Additional Information: