

**A. Student Information - Completed by Parent/Guardian and School**

 Student Name: \_\_\_\_\_  Male  Female  
Please print Clearly Surname First Name

 Date of Birth: \_\_\_\_\_ HealthCard Number: \_\_\_\_\_  
YYYY MM DD 10 Digit Numbers (Version Code)

 Home Address: \_\_\_\_\_  
Street Name Apt# City Postal Code

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Contact	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Contact
Name: _____	Name: _____
Home#: _____	Home#: _____
Cell#: _____	Cell#: _____
Bus#: _____	Bus#: _____

 Language Spoken in Home:  English  French  Other: \_\_\_\_\_  
 Interpretation Required?  No  Yes If yes, please specify language: \_\_\_\_\_  
 Interpreter name (if applicable) \_\_\_\_\_ Company/individual \_\_\_\_\_

**B. School Information – Completed by School**

 School Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
Street Name Apt# City Postal Code  
 Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Principal / Vice Principal: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ am  / pm   
 Contact other than Teacher: \_\_\_\_\_  
 Referral form completed by: \_\_\_\_\_  
Name Relationship Date  
 Team member tracking referral: \_\_\_\_\_  
Name Contact#
**To be completed by parent/guardian:**
 I give consent for the School Board to release/share referral information with Ontario Health atHome regarding my child.

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*This referral form will be stored in the Ontario Student Record (OSR) of your son or daughter.*
**ONTARIO HEALTH ATHOME STAFF ONLY:**  NEW PATIENT  PREVIOUS PATIENT

**Mental Health and Addiction Nursing (MHAN) Program  
Toronto Catholic District School Board (TCDSB) REFERRAL FORM**

TEL: (416) 217-3820 \*FAX: (416) 506-0374

\*PLEASE RETURN BY FAX ONLY

**Student Name:** \_\_\_\_\_

Please Print Clearly

Surname

First Name

**School Name:** \_\_\_\_\_

**C. Mental Health and Addiction Nursing Services Requested – Completed by School**

**Toronto Catholic District School Board (TCDSB)** \*All referrals to be processed through the School Based Student Learning Team (SBSLT)

**Assisting and supporting the school board in addressing existing gaps in services, such as:**

- Nursing support needed to assist students transitioning to and from psychiatric treatment facilities and hospitals
- Nursing support needed to assist school board staff and families in understanding medication effects and how they may impact behaviours and needs in the classroom
- Nursing support needed to assist school board staff and students in seeking appropriate treatment for drug use, abuse and dependence
- Nursing support needed to assist school board in mental health promotion and education on an ongoing basis addressing mutually agreed upon target areas

**Has this referral been reviewed with the SBSLT?**

**Date of review:** \_\_\_\_\_

**Concern/Reason for Referral (E.g. impact on school performance):**

**D. Additional Information-Completed by School and/or Parent/Guardian**

Behavioral concerns \_\_\_\_\_

Safety concerns \_\_\_\_\_

Formal diagnosis \_\_\_\_\_

Medical concerns \_\_\_\_\_

Other agencies involved with child \_\_\_\_\_

Physician involvement \_\_\_\_\_

Community mental health care provider involvement \_\_\_\_\_

Other \_\_\_\_\_

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**Consent**

*This information should be considered confidential. For information regarding the contents of this form, call 416-217-3802.*

Child's Name:

Health Card#:

Ontario Health atHome needs your consent in order to collect, use and share your child's personal information with health information custodians involved in delivering treatment services.

**AUTHORIZATION TO COLLECT, USE, & DISCLOSE PERSONAL HEALTH INFORMATION**

I understand that the Ontario Health atHome and its contracted service providers collect my child's personal health information necessary for purposes related to the mental health and addiction services being provided, including:

- determining my child's needs and coordinating the services that can be provided
- reviewing his/her treatment needs and services on an ongoing basis
- planning and evaluation of services

In order to provide your child with the appropriate mental health and addiction services, Ontario Health atHome and its service providers will share your child's personal health information with:

- your child's school (non-health information custodians such as: principal, teacher or child and youth worker)
- health care organizations, physicians and healthcare professionals involved in your child's care (includes the following TCDSB health information custodians: social workers, psychologists, psychological associates, speech language pathologists)

You have the right to refuse or to withdraw your consent at any time by contacting Ontario Health atHome. In addition, you also give Ontario Health atHome permission to collect and share your child's personal health information with the following person(s):

1. Parent / Guardian Contact Information

Name	Address	
Home Phone	Business	Cell

Name	Address	
Home Phone	Business	Cell

The consent is valid while your child is receiving services through Ontario Health atHome Consent may be withdrawn by notifying the Ontario Health atHome nurse.

Do you understand and agree with all we have presented in this consent? If yes, please check the box and sign below.

Yes I understand and agree

Parent / Guardian's Last Name	Parent/Guardian's First Name	Signature	Date
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**Specify any restriction required for this consent:**

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Toronto Catholic District School Board (TCDSB) REFERRAL FORM**

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**REFERRAL GUIDELINES**

Ontario Health atHome provides Mental Health and Addiction Nursing (MHAN) services to children from kindergarten to grade 12. The following outlines the referral process and the responsibilities of Ontario Health atHome, school board and parents with respect to the provision of Mental Health and Addiction Nursing services.

**REFERRAL PROCESS**

**Please note: All MHAN referrals to be processed by the TCDSB School Based Student Learning Team**

- i) School initiates MHAN School Board Referral Form through the respective district school board process (see above) and/or sends home the referral form for completion by Parent(s)/Guardian
- ii) The TCDSB SBSLT reviews returned form for completion/accuracy and faxes to Home and Community Support Services.
- iii) MHAN team member initiates contact with school to follow up on referral

**THE SCHOOL IS RESPONSIBLE FOR:**

- i) Ensuring support from all parties (i.e. parent, teacher and student) prior to making a referral
- ii) Providing a location that is conducive for service provision
- iii) Providing the necessary school support for the implementation of the Service Plan. This includes but is not limited to having school personnel available for consultation
- iv) Identifying if there are any language issues and/or the need for interpreters (section A)

**THE PARENT/GUARDIAN IS RESPONSIBLE FOR:**

- i) Ensuring all information on the referral is correct and current
- ii) Be supportive of the implementation of the Mental Health and Addiction Nursing Service Plan

**ONTARIO HEALTH ATHOME IS RESPONSIBLE FOR:**

- i) Developing a Service Plan in consultation with the parents, school and mental health lead
- ii) Monitoring the Service Plan
- iii) Providing support and/or linking the school and parents to community resources