

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

 Student Name: \_\_\_\_\_  Male  Female

Please print clearly Last Name First Name

 Date of Birth: \_\_\_\_\_  
 YYYY MM DD

 HealthCard Number: \_\_\_\_\_  
 10 Digit Number (Version Code)

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

 Mother  Father  Guardian  Primary Contact

Name: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Bus#: \_\_\_\_\_

 Mother  Father  Guardian  Primary Contact

Name: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Bus#: \_\_\_\_\_

 Language spoken in home:  English  French  Other: \_\_\_\_\_

 Interpretation Required?  No  Yes If yes, please specify: \_\_\_\_\_

Interpreter name (if applicable) \_\_\_\_\_ Company/Individual \_\_\_\_\_

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

School Name \_\_\_\_\_

School Address \_\_\_\_\_

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 regarding my child with Ontario Health atHome.

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

*This referral form will be stored in your son's or daughter's Ontario Student Record*
**ONTARIO HEALTH ATHOME USE ONLY:**
 NEW PATIENT

 PREVIOUS PATIENT

Student Name \_\_\_\_\_

Please Print Clearly

Last Name

First Name

School Name \_\_\_\_\_

**C. MHAN Services Requested – Completed by School**

**Conseil scolaire Viamonde** \*All referrals to be processed through the Special Education Central Team

**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, dependence or other related mental health issues
- Nursing support needed to assist school board staff in mental health promotion and education on an ongoing basis addressing mutually agreed upon
- Nursing support needed to assist school board staff with identifying available community resources

**Has this referral been reviewed with the Special Education Central Team? 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 \_\_\_\_\_

**Patient 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 to collect, use and share your child's personal health information with health information custodians involved in delivering treatment services.

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

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

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

To provide your child with the appropriate mental health and addiction services, Ontario Health atHome will share your child's personal health information with:

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

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

1. Parent / Guardian Contact Information

Name	Address	
Home Phone	Business	Cell

Name	Address	
Home Phone	Business	Cell

This consent is valid while your child is receiving services through Ontario Health atHome. If at any time you want to change this consent, please contact Ontario Health atHome.

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
-------------------------------	------------------------------	-----------	------

Specify any restriction required for this consent:

**REFERRAL GUIDELINES**

Ontario Health atHome provides MHAN services to children from kindergarten to grade 12. Regarding the provision of MHAN services, the following outlines the referral process and the responsibilities of Ontario Health atHome, CSViamonde and parents.

**REFERRAL PROCESS**

**Please note: All MHAN referrals to be processed by Special Education Central 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 CSViamonde Special Education Central Team reviews returned form for completion/accuracy and faxes the referral form to Ontario Health atHome
- iii) Ontario Health atHome nurse 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 MHAN Service Plan

**ONTARIO HEALTH ATHOME IS RESPONSIBLE FOR:**

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