

The New Beginnings Mental Health and Wellness Clinic for Newcomers

Instructions:

1. Complete this cover sheet AND the CAMH referral form (pdf) with as much information as possible. Please be advised that omitting important information will delay the referral.
2. Fax the completed referral to 416-979-6815

If you have any questions, please contact 416-535-8501 ext. 31683

Patient Name: _____ Date of Referral: _____

Is the patient aware of this referral? Yes No

Date of arrival in Canada: _____

What is the patient's status in Canada?

- | | |
|--|---|
| <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Pre-Removal Risk Assessment (PRRA) |
| <input type="checkbox"/> Convention refugee (accepted refugee) | <input type="checkbox"/> Humanitarian and compassionate appeal |
| <input type="checkbox"/> Failed refugee claimant | <input type="checkbox"/> Refugee claimant (pre-refugee hearing) |

Other: _____

Refugee Hearing date (if applicable): _____

Does your patient have health coverage / insurance? Yes – enter details below No

- Interim Federal Health (IFH) number: _____
- Ontario Health Insurance Plan (OHIP) number: _____
- Other: _____

Are interpretation services required? Yes No

If yes, what language? _____