

New Beginnings Clinic: CAMH Services for Refugees Referral Form Cover Sheet

Please complete all three pages of this document (Referral Form Cover Sheet and the CAMH Referral Form) when referring recent refugee clients/patients with psychological issues or concerns. This referral is for psychiatric consultations and/or culturally sensitive interventions. If you have any questions, please contact **416-535-8501 ext. 31683**

Referral Information

Date of referral: _____

Referral Source Information:

Name of referring physician/nurse practitioner	
Phone number	
Email address	

Family Doctor/Nurse Practitioner Information (if different from referral source)

Family doctor/nurse practitioner	
Phone number	
Email address	

Legal Support Information (if applicable)

Lawyer's name	
Phone number	
Email address	

Is the client/patient aware of this referral? Yes No

What is the immigration status of the client/patient (please select all that apply)?

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

Date of arrival in Canada: _____ Refugee Hearing date (if Available): _____

Are interpretation services required? Yes No
If yes, what language? _____

Instructions: Please complete the attached referral form with as much information as possible on your client/patient and your reasons for referral. Fax all completed pages to:

Fax: 416-979-6853