



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

Permanent resident

Pre-Removal Risk Assessment (PRRA)

Refugee claimant (pre-refugee hearing)

Humanitarian and compassionate appeal

Convention refugee (accepted refugee)

other: _____

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: 416-979-6864

Queen St. Site

1001 Queen St. W
Toronto, ON
M6J 1H4