Canadian Mental Health Association Durham

Phone: 905-436-8760 or Toll Free: 1-844-436-8760 Fax Number: 905-436-1569

Email: cmha@cmhadurham.org

Website: www.cmhadurham.ca

Referral to the Mental Health and Addictions Peer Support Program (MAPS)

Client Contact Information:

First Name	Last Name	Preferred Name

Phone Number (Permission to leave messages ☐)

Date of Birth: DD / MM / YYYY

(Permission to Text ☐)

Preferred method to be contacted:

- ☐ Email
- ☐ Phone
- ☐ Text

Email Address (Permission to email ☐)

Address	City	Postal Code

Is there a Mental Health Diagnosis: ☐ Yes ☐ No Comments: _____

Is there a Physical Health Diagnosis ☐ Yes ☐ No Comments: _____

Addiction Supports Required ☐ Yes ☐ No Comment: _____

Additional Comments:

Please contact us if you have any further questions or visit us online. The MAPS Peer support Specialist will contact the referring individual to assess the referral and begin to develop a care plan for the individual.

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Referral Source Contact Information (Must be included):

Probation or Parole Contact: _____

Phone Number: _____ Extension: _____ Fax: _____

Reason for referral:

Is client aware of the referral and in agreement to attend this program?

- ☐ YES
- ☐ No

Does client have access to internet & or data?

- ☐ YES
- ☐ No

Does the client have one of the following for virtual visits?

- ☐ Smart Phone
- ☐ Tablet
- ☐ Computer

Does client require additional support or training on how to connect for virtual appointments/ courses?

- ☐ YES
- ☐ No

What needs do you think the client has?

Please complete this referral form and fax to 905-436-9561

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