



NL Health Services

Mental Health & Addictions Referral

Emergency referrals, contact local Emergency Department

Incomplete or inaccurate information may delay processing of the referral.

HCN: _____

Province/Territory: _____ Expiry: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____

Province/Territory: _____ Postal Code: _____

Can a message be left?

Primary Telephone: _____ Yes No

Other Telephone: _____ Yes No

Preferred Name: _____ Pronouns: _____ Gender: _____

Contact Information for Next of Kin/Guardian. If under 16, this must be provided

Name: _____ Contact Number: _____ Relationship: _____

Is client aware of referral? Yes No Best way to contact: Phone Contact Address

Any accommodations required? (translation, etc.) Yes No

If so, what type: _____

Referral Source

Name: _____

Agency: _____

Address: _____

Contact Number: _____

Referral Reason (pick one of following):

For Counselling & Other Community-Based Services:

Requested Service: _____

Use the appropriate referral package for Strongest Families or provincial eating disorder & residential programs

For Psychiatry:

Treatment Recommendations

Diagnostic Clarification

Medication Review

Referral Source for Psychiatry must be a Physician or Nurse Practitioner

Presenting Concern (Symptoms, duration, severity, contributing factors):

Previous Mental Health, Addictions, and/or Psychiatric Services Yes No Unknown

Provider: _____

Diagnosis: _____

Last Date Seen (YYYY/MON/DD): _____

Other services involved: _____

Substance use: Current Past None

Describe: _____

Suicidal Ideation: Current Past None

Current Plan: Yes No

Previous Suicide Attempts: Yes No

Additional Details: _____

Aggression (verbal or physical): Current Past None

Describe: _____

URGENT Reason: _____

Medication Trials for Current Concern

Trial 1: _____

Trial 2: _____

Other Medications and/or relevant medical conditions:

Eastern Rural Zone

Peninsulas: MHA.Peninsulas@easternhealth.ca

Rural Avalon: MHA.Ruralavalon@easternhealth.ca

Eastern Urban Zone

Child Youth Intake: childyouthintake@easternhealth.ca

Adult Central Intake: MHAIntake@easternhealth.ca

Western Zone

Individuals 18 and over: MHAAdultTriage@westernhealth.nl.ca

Children and youth under 18: MHAYouthTriage@westernhealth.nl.ca

Central Zone

Fax: 709-256-5667 (preferred contact method)

Toll free Triage line 1-844-353-3330

Labrador-Grenfell Zone

lgfact@lghealth.ca

Referral Source's Name

Signature

Date: (YYYY/MON/DD)

R0031DEC24