Canadian Mental Health Association Durham
Helping people move forward

Nurse Practitioner Led Clinic
60 Bond Street West, 2nd Floor
Oshawa, Ontario
Tel: (905) 436-9945
Fax: (905) 436-9313

Referral to the Nurse Practitioner Led Clinic

Patient Contact Information:

Affix client label here

Psychiatrist: _____

Current Pharmacy: _____

Mental Health Diagnosis and/or alerts: _____

Reason for Referral:

☐ Needs a Primary Care Provider

☐ Depot Injection Clinic

☐ Clozapine Monitoring

Referral Source Contact Information (must be included)

Name: _____Contact Number: _____

Date of Referral: _____ (mm/dd/yy)

We are happy to accept this referral provided that you have included all necessary information:

For Depot:

☐ Prescription to administer with date of last dose

☐ Collateral Information as needed

☐ Medication Reconciliation

For Clozapine:

☐ CSAN # with ordered frequency of lab work

☐ Medication Reconciliation

☐ Most recent ECG

☐ Collateral Information as needed

***Please fax this form to the Nurse Practitioner Led Clinic Receptionist at (905) 436-9313.**