Canadian Mental Health Association Durham
Helping people move forward

60 Bond Street West
Oshawa, ON, L1G 1A5
Tel: (905) 436-9945
Fax: (905) 436-9313

CMHA Health Outreach Program

General Eligibility:

In order to be accepted to receive Outreach Services, please check that the following criteria are met:

- ☐ Client lives in Durham Region
- ☐ Client does not have a current Nurse Practitioner or Family Doctor
- ☐ Client has a severe physical impairment that prevents them from presenting to the clinic
  *(please specify):*_____
  and/or
- ☐ Client has a severe psychological impairment that prevents them from presenting to the clinic
  *(please specify):*_____

Patient Contact Information:

_____ _____ _____
First Name *Last Name* *Phone Number (permission to leave message ☐)*

_____-_____-_____-_____ _____/_____/_____
Health Card Number *Date of Birth:* DD MM YYYY

_____ _____ _____
Address *City* *Postal Code*

Gender: ☐ Male ☐ Female _____
Language Spoken

_____
Allergies

RISKS:

- ☐ Violence towards others
- ☐ Violence towards self
- ☐ Violence towards property
- ☐ Roommates/ Family concerns
- ☐ Sexual aggression
- ☐ Suicide
- ☐ Pets
- ☐ Concealing weapons
- ☐ Fire-setting
- ☐ Smoking in the home
- ☐ Falls *(if yes, please describe functional mobility/ assistive devices)*:

  _____
- ☐ Any other risks: _____

Legal Involvement/ Status: *(if no legal involvement, leave this section blank)*

- ☐ Criminal record
- ☐ Current charges *(if yes, please describe)*:

  _____
  _____
  _____
- ☐ NCR
- ☐ Past charges *(if yes, please describe)*:

  _____
  _____
  _____

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

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Referral Source Information:

☐ *I'm Referring Myself* ☐ *I'm referring a client **with their consent**:*

_____ _____
Name *Phone Number*

_____ _____/_____/_____
Relationship to Patient *Date of Referral:* DD MM YYYY

Services Required:

- ☐ Health & Sexually Transmitted Infections Screening
- ☐ Chronic Disease Management
- ☐ Immunizations
- ☐ Prenatal Care/ Parenting Supports
- ☐ Mental Health Diagnosis & Treatment
- ☐ Medication Management
- ☐ Accessing Financial Supports
- ☐ Learning About Community Resources
- ☐ Help with Safe & Affordable Housing
- ☐ Coping & Safety Planning
- ☐ Legal Issues & Supports
- ☐ Other: _____

☐ **Necessary additional Information attached- Number of pages: _____**

Additional Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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