

CMHA Peel

Reconnect Mental Health Services

Canes Community Care

Phone: 905-451-2123 ext 440  
Fax: 905-456-7492  
Email: intake@cmhapeel.ca

Phone: 416-248-2050 ext 239  
Fax: 416-248-6557  
Email: contact@reconnect.on.ca

Phone 416-743-3892  
Fax: 416-743-7654  
Email: tah@canes.on.ca

### Treat at Home - Program Referral Form

Date of Referral							
Applicant's Surname				First Name			
Address				Apt. #			
City		Postal Code		Gender			
Age		Date of Birth	Month	Day	Year		
Phone #		Permission to Leave Message			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Preferred Language		English <input type="checkbox"/> Other <input type="checkbox"/> (specify)			Translation Req'd		Yes <input type="checkbox"/> No <input type="checkbox"/>
Catchment Area:		Rexdale <input type="checkbox"/>	Malton <input type="checkbox"/>	Woodbridge <input type="checkbox"/>	Brampton <input type="checkbox"/>		
Contact Person		Relationship		Phone #			

Referral Source's Surname				First Name			
Agency Name							
Address				Apt. #			
City				Postal Code			
Phone #		Email					
Client Aware of Referral			Yes <input type="checkbox"/> No <input type="checkbox"/>		Consent Form Attached		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental Health Diagnosis		Physical Health					

Reason for Referral							

Safety Concerns		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Explain:							

Save completed form, and email to: [tah@canes.on.ca](mailto:tah@canes.on.ca) or fax to: 416-743-7654

