



MENTAL HEALTH & ADDICTION SERVICES REFERRAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ MCP#: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Next \_\_\_\_\_ of \_\_\_\_\_ Kin \_\_\_\_\_ or \_\_\_\_\_ Legal \_\_\_\_\_ Guardian: \_\_\_\_\_

Referred to: For a description of programs please see reverse of form

- Adult Mental Health & Addiction Services - Corner Brook
Blomidon Place (children/adolescents) - Corner Brook
Mental Health & Addiction Services - Deer Lake
Mental Health & Addiction Services - Norris Point
Mental Health & Addiction Services - Port Saunders
Sexual Abuse Community Services - Stephenville
Mental Health & Addiction Services- Stephenville
Mental Health & Addiction Services - Port aux Basques
Mental Health & Addiction Services - Burgeo
Humberwood
Assertive Community Treatment Team (ACTT)
Rehabilitation Nurse/Neuroleptic Clinic - Corner Brook
Early Psychosis
Case Management - Bonne Bay
Case Management - Stephenville
Case Management - Port Aux Basques
Psychiatrist - Corner Brook (MD/NP referral only)
Psychiatrist - Stephenville (MD/NP referral only)
West Lane Recycling - Corner Brook
Board and lodging supplement for persons with psychiatric disability \* (see reverse)

Can a letter be sent to the above address:  Yes  No

Can a telephone message be left at the number given:  Yes  No

Referral Source: \_\_\_\_\_ Self-Referral:  Yes  No

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

In what capacity have you been involved, and for how long? \_\_\_\_\_

Reason for Referral (Please be as specific as possible): \_\_\_\_\_

Other services involved in presently or in the past:

Table with 2 columns: Name, Date of Last Contact

Family Physician/Nurse Practitioner: \_\_\_\_\_

Have you served in the Military/RCMP?  Yes  No

CYFS Involvement   Yes  No Worker Assigned: \_\_\_\_\_

Problems with Aggressive Behavior  Yes  No If so, please explain: \_\_\_\_\_

I, the referral source confirm that the client/patient is aware of, and consented to this referral

Referral Source/Signature \_\_\_\_\_ Date \_\_\_\_\_

Mental Health and Addiction Services

- 1. All services accept self-referrals or referrals by someone else.
2. All services are voluntary.
3. All services provide support to those affected by someone else's mental health issue, mental illness, substance use or gambling use.
4. Following receipt of referral, clients will be offered an intake session with a clinician within 14 days.

Complete and forward to office (address/contact information on page 2)

For Office Use Only
Date Referral Received:
Date Screened:
By:

**Mental Health and Addiction Services**

All Mental Health and Addiction Services provides promotion, education and prevention services, consultation, assessment and counseling services to individuals, families, groups and communities for mental health/mental illness-related issues and substance use/gambling issues.

**Blomidon Place, Corner Brook**

Blomidon Place is an interagency counseling service that provides mental health promotion, education and prevention services, consultation, coordination, assessment and counseling services to children, youth (under age 19 years) and their families who have mental health issues and/or mental illness. Also provides addiction services to children, youth and their families. Serves Corner Brook, Bay of Islands and Pasadena area

**Humberwood Treatment Centre, Corner Brook**

Humberwood Treatment Centre is a provincial inpatient addictions treatment program for adults age 19 years and over who are dependent on alcohol, drugs and/or have a gambling addiction. An assessment is required prior to admission into the program. Contact your local Addiction Services' office for additional information on referral process.

**Assertive Community Treatment Team (ACTT)**

ACTT is a comprehensive community based treatment team working with individuals living with severe and persistent mental illness (mainly bipolar disorder and schizophrenia) in achieving their recovery goals and enhancing quality of life. This service is available to individuals residing in Corner Brook, Bay of Islands, up to and including Deer Lake. An assessment is required prior to admission into the program.

**West Lane Recycling Program, Corner Brook**

West Lane Recycling Program provides a supportive work environment for adults (19 years and over) with mental illness. An assessment is required prior to admission into the program.

**Sexual Abuse Community Services (SACS), Stephenville**

Sexual Abuse Community Services provides education, assessment and counseling services to children and adults affected by sexual abuse, and to children under age 12 who have sexually intrusive behavior. SACS also promotes community awareness and sensitivity to issues related to sexual abuse and provides consultation services.

**Case Management Services**

Available to individuals 18 years and older with severe and persistent mental illness and limited supportive services. Available in Stephenville, Port au Port Peninsula, Port Aux Basques & Bonne Bay area

**Early Psychosis Program**

Support to individuals (and families) experiencing a first episode of psychosis. Available in Corner Brook, Bay of Islands, east to Pasadena and west to Stephenville.

**Board and Lodging Supplement**

A supplement available to an individual with a psychiatric disability living with a relative and receiving treatment for a mental illness. Their illness is such that it interferes with everyday functioning and the capacity to live independently. Other criteria apply which is assessed through a clinical assessment and financial assessment to determine eligibility.

**Rehabilitation Nurse**

This service provides short-term supportive care to individuals with mental illness and their families. This support is offered through individual or group counseling. As well, a weekly Neuroleptic clinic is offered. This service is offered in the Corner Brook area.

**OFFICE LOCATIONS – WESTERN REGION****Corner Brook**

Adult Mental Health Services (age 19 & over)  
Addiction Services/ Humberwood Centre  
Case Management/Early Psychosis /Methadone Nurse  
P.O. Box 2005  
35 Boones Road  
Corner Brook, NL A2H 6J7  
Telephone: (709) 634-4506  
Facsimile: (709) 634-0160

Blomidon Place  
PO Box 2005  
133 Riverside Drive  
Corner Brook, NL A2H 6J7  
Telephone: (709) 634-4171  
Facsimile: (709) 634-4888

West Lane Recycling  
P.O. Box 2005  
24 Brook Street  
Corner Brook, NL A2H 6J7  
Telephone: (709) 634-9313  
Facsimile: (709) 634-9314

Assertive Community Treatment Team (ACTT)  
P.O. Box 2005  
Monaghan Hall, WMRH  
Corner Brook, NL A2H 6J7  
Telephone: (709) 784-6812  
Facsimile: (709) 639-1795

Psychiatrist's Office – Corner Brook  
Western Memorial Regional Hospital  
P.O. Box 2005  
1 Brookfield Avenue - 4<sup>th</sup> Floor  
Corner Brook, NL A2H 6J7  
Telephone: (709) 637-5601 & (709) 637-5439  
Facsimile: (709) 637-5598

**Deer Lake**

Mental Health & Addiction Services  
20 Farm Road  
Deer Lake, NL A8A 1J3  
Telephone: (709) 635-7830  
Facsimile: (709) 635-5211

**Stephenville**

Mental Health Services & Addiction  
Services  
Case Management  
Sexual Abuse Community Services  
127 Montana Drive  
Stephenville, NL A2N 2T4  
Telephone: (709) 643-8740  
Facsimile: (709) 643-9054

Psychiatrist's Office – Stephenville  
Mental Health & Addictions Services  
157A Minnesota Drive  
Stephenville, NL A2N 2Z4  
Telephone: (709) 643-1973  
Facsimile: (709) 643-7911

**Burgeo**

Mental Health & Addiction Services  
Calder Health Care Centre  
P. O. Box 614  
Burgeo, NL AON 2H0  
Telephone: (709) 886-2185  
Facsimile: (709) 886-2301

**Port aux Basques**

Mental Health & Addiction Services  
3-6 Barhaven Drive  
P.O. Box 100  
Port aux Basques, NL AOM 1C0  
Telephone: (709) 695-6250  
Facsimile: (709) 695-7990

**Norris Point**

Mental Health & Addiction Services  
Bonne Bay Health Centre  
P. O. Box 70  
Norris Point  
Bonne Bay, NL AOK 3V0  
Telephone: (709) 458-2381, Ext. 266  
Case Management – (709) 458-2381, Ext. 260  
Facsimile: (709) 458-2943

**Port Saunders**

Mental Health & Addiction Services  
Rufus Guinchard Health Centre  
P. O. Box 40  
Port Saunders, NL AOK 4H0  
Telephone: (709) 861-9125  
Facsimile: (709) 861-3762