



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
129 Riverside Drive
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 - 4th 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