



**MENTAL HEALTH &
ADDICTION SERVICES
REFERRAL FORM**

Name: _____ Date of Birth: _____
 Address: _____ Postal Code: _____
 Telephone #: (H) _____ (W) _____ MCP#: _____ Exp. Date _____
 Email Address: _____
 Next of Kin or Legal Guardian: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Mental Health & Addiction Services – Corner Brook | <input type="checkbox"/> Humberwood |
| <input type="checkbox"/> Blomidon Place (children/adolescents) – Corner Brook | <input type="checkbox"/> Assertive Community Treatment Team (ACTT) |
| <input type="checkbox"/> Mental Health & Addiction Services – Deer Lake | <input type="checkbox"/> Rehabilitation Nurse/Neuroleptic Clinic – Corner Brook |
| <input type="checkbox"/> Mental Health & Addiction Services – Norris Point | <input type="checkbox"/> Early Psychosis |
| <input type="checkbox"/> Mental Health & Addiction Services – Port Saunders | <input type="checkbox"/> Case Management – Bonne Bay |
| <input type="checkbox"/> Sexual Abuse Community Services – Stephenville | <input type="checkbox"/> Case Management – Stephenville |
| <input type="checkbox"/> Mental Health & Addiction Services– Stephenville | <input type="checkbox"/> Case Management – Port Aux Basques |
| <input type="checkbox"/> Mental Health & Addiction Services – Port aux Basques | <input type="checkbox"/> Psychiatrist – Corner Brook (MD/NP referral only) |
| <input type="checkbox"/> Mental Health & Addiction Services – Burgeo | <input type="checkbox"/> Psychiatrist – Stephenville (MD/NP referral only) |
| | <input type="checkbox"/> 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:

<u>Name</u>	<u>Date of Last Contact</u>
_____	_____
_____	_____
_____	_____

Family Physician/Nurse Practitioner: _____

Have you served in the Military/RCMP? Yes No

CSSD 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

- All services accept self-referrals or referrals by someone else.
- All services are voluntary.
- All services provide support to those affected by someone else's mental health issue, mental illness, substance use or gambling use.
- 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 & ADDICTION SERVICES REFERRAL FORM

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) 784-6822
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 2HO
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) 695-2845

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 Guinard Health Centre
P. O. Box 40
Port Saunders, NL AOK 4HO
Telephone: (709) 861-9125
Facsimile: (709) 861-3762

