

Treatment Referral Form

EHN Canada is the nation's largest network of industry-leading mental health, trauma, and addiction treatment facilities. We provide a full continuum of care with inpatient, outpatient, and online programs offered across the country.

Date of Referral

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

PATIENT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>	Preferred Name (if applicable)	<input type="text"/>						
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other
	D	D	M	M	Y	Y	Y	Y			
Phone	<input type="text"/>			Email	<input type="text"/>						
City	<input type="text"/>			Province	<input type="text"/>						

REASON FOR REFERRAL

Primary Reason for Referral

Diagnosed Mental Health Conditions, Substance Use History & Other Relevant Information

Treatment Referral Form

TREATMENT REQUEST

Please select the service you are seeking for this patient (select one):

- Assessment Services
- Inpatient Treatment
- Virtual Intensive Outpatient Program
- Aftercare
- Family Program
- Specialty Outpatient Groups
- Individual Counselling

Please select a preferred treatment location of interest (if known):

- EHN Edgewood Nanaimo | Nanaimo, BC
- EHN Guardians Nanaimo | Nanaimo, BC
- EHN Edgewood Rockies | Fort Steele, BC
- EHN Willowview Recovery Centre | Lumsden, SK
- EHN Sandstone Recovery Centre | Calgary, AB
- EHN Red Deer Recovery Community | Red Deer, AB
- EHN Bellwood Toronto | Toronto, ON
- EHN Guardians Gateway | Peterborough, ON
- EHN Nouveau Départ Montréal, | Montréal, QC
- EHN Bellwood Nova Scotia | Lawrencetown, NS
- EHN Guardians Atlantic | Nictaux, NS
- EHN Outpatient Services | Various Locations

REFERRING PROFESSIONAL INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title/Profession	<input type="text"/>	Organization	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Signature

To further discuss the information on this referral form, EHN Canada has permission to contact (choose one):

- The referring professional Yes No
The patient Yes No

How did you hear about us?

Please submit completed form via email or fax: E: referrals@ehncanada.com | F: 1 647 499 1302