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

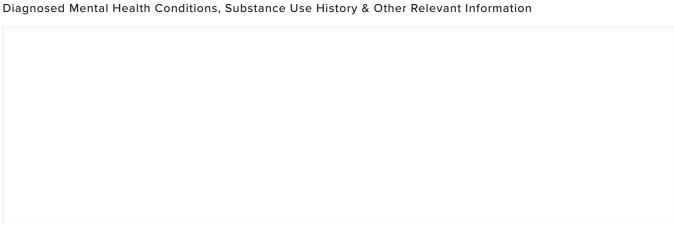


	INFOR	

First Name					L	.ast N	lame			Preferred N	lame	
Date of Birth	D	D	М	М	Y	Y	Υ	Y	Gender	○ Male	Female	Other
Phone		,						·	Email			
City									Province			

REASON FOR REFERRAL

Primary Reason for Referral						



Treatment Referral Form

TREATMENT REQUEST

Please select the service you are seeking for this patient (select one):	Please select a preferred treatment location of interest (if known):			
Assessment Services	EHN Edgewood Nanaimo Nanaimo, BC			
Inpatient Treatment	EHN Guardians Nanaimo Nanaimo, BC			
Virtual Intensive Outpatient Program	EHN Edgewood Rockies Fort Steele, BC			
Aftercare	EHN Willowview Recovery Centre Lumsden, SK			
Family Program	EHN Sandstone Recovery Centre Calgary, AB			
Specialty Outpatient Groups	EHN Red Deer Recovery Community Red Deer, AB			
Individual Counselling	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	ON			
First Name	Last Name			
Title/Profession	Organization			
Phone	Fax			
Email				
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

