



## New Beginnings Clinic: CAMH Services for Refugees Referral Form Cover Sheet

Please complete all three pages of this document (Referral Form Cover Sheet and the CAMH Referral Form) when referring recent refugee clients/patients with psychological issues or concerns. This referral is for psychiatric consultations and/or culturally sensitive interventions.

If you have any questions, please contact 416-535-8501 ext. 31683

### Referral Information

Date of referral:

Referral Source Information:

Name of referring physician/nurse practitioner	
Phone number	
Email address	

### **Family Doctor/Nurse Practitioner Information (if different from referral source)**

Family doctor/nurse practitioner	
Phone number	
Email address	

### **Legal Support Information (if applicable)**

Lawyer's name	
Phone number	
Email address	

### **Is the client/patient aware of this referral?**

Yes       No

Permanent resident

Pre-Removal Risk Assessment (PRRA)

Refugee claimant (pre-refugee hearing)

Humanitarian and compassionate appeal

Convention refugee (accepted refugee)

other: \_\_\_\_\_

Failed refugee claimant

Date of arrival in Canada: \_\_\_\_\_ Refugee Hearing date (if Available): \_\_\_\_\_

Are interpretation services required?       Yes     No    If yes, what language? \_\_\_\_\_

**Instructions:** Please complete the attached referral form with as much information as possible on your client/patient and your reasons for referral. **Fax** all completed pages to:

**Fax: 416-979-6815**

### **Queen St. Site**

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