Central West LHIN Registration Form
Mental Health and Addictions Services

Canadian Mental Health Association Peel Dufferin *Mental health for all* | Association canadienne pour la santé mentale Peel Dufferin *La santé mentale pour tous* | Ontario Central West Local Health Integration Network / Réseau local d'intégration des services de santé du Centre-Ouest

Justice Intake: courtsupport@cmhapeel.ca (Peel and Dufferin) Fax: 905-456-1388

RFC Referral: rfc@cmhapeel.ca (Peel and Dufferin) Fax: 905-451-6975

Acceptance of registration requires legible answers for all fields on the three pages, including indicating the choice not to answer.

REGISTRANT'S INFORMATION		Health Card #:	
Last Name:		Gender:	☐ Female ☐ Trans
First Name:			☐ Intersex ☐ Do not Know
Birth Date:	Day ___ Month ___ Yr ____		☐ Male ☐ Prefer not to answer
Street Address:			☐ Other:
City/Town, Prov.:		Postal Code:	
Email:		Internet access?	☐ No ☐ Yes
Home:	Cell:		☐ Yes, you may text
What details can be left in a message? *(after the second failed attempt to contact you, your alternate contact will be phoned/emailed)*	☐ Caller's Name ☐ Reason for call	☐ Agency Name ☐ Follow up Required	☐ Phone number ☐ Appointment Info
Barrier to Communication:	☐ Limited/no English ☐ Cognitive	☐ Hearing ☐ Sight	☐ Other:
If not most comfortable speaking in English, is an interpreter needed?		☐ No ☐ Yes	☐ Do not know
Is this referral from an Emergency Department Visit for Addictions or Mental Health?	☐ No	☐ Yes, please specify the hospital:	
Is this referral from a Mental Health Inpatient unit?	☐ No	☐ Yes, specify hospital:	

Alternate Contact:		Relationship:	
Phone:	Cell:	Email:	

Reason for Referral: - concerns - diagnosis - situation - symptoms - risk to self/others			
Medications (list or attach all current medications):			
Supportive Housing requested?	☐ No ☐ Yes	Vocational Supports requested?	☐ No ☐ Yes

Referral Source Name:		Billing #:	
Professional Designation:		Email:	
Agency Name and Office Mailing Address: *(affix sticker or stamp)*		Phone:	
		Fax:	

Before faxing clinical information, please ensure fax number (**905-456-7492**) is automatically programmed into your equipment.

February 2017

We Ask Because We Care

Mental Health and Addictions providers in Brampton, Bramalea, Bolton/Caledon, Dufferin County, North Etobicoke, Malton, and west Woodbridge (the Central West LHIN) are collecting social information from individuals seeking service to find out who we serve and what are the unique needs amongst these individuals. We will also use this information to understand people's experiences and outcomes.

1. Do I have to answer all the questions? No. The questions are voluntary and you can choose 'prefer not to answer' to any or all questions. This will not affect your care.

2. Who will see this information? This information will be visible only to your health-care team and protected like all your other health information. If used in research, this information will be combined with data from all other inidividuals and no one will be able to identify any of the individuals seeking service.

What language would you feel most comfortable speaking in with your health care provider? Choose ONE.

- ☐ Amharic
- ☐ Arabic
- ☐ ASL
- ☐ Bengali
- ☐ Chinese (Cantonese)
- ☐ Chinese (Mandarin)
- ☐ Czech
- ☐ Dari
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ Greek
- ☐ Hindi
- ☐ Hungarian
- ☐ Italian
- ☐ Karen
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Serbian
- ☐ Slovak
- ☐ Somali
- ☐ Spanish
- ☐ Tagalog
- ☐ Tamil
- ☐ Tigrinya
- ☐ Turkish
- ☐ Twi
- ☐ Ukrainian
- ☐ Urdu
- ☐ Vietnamese
- ☐ Other (specify):
- ☐ Do not know
- ☐ Prefer not to answer

Were you born in Canada? ☐ Yes ☐ No ☐ Do not know ☐ Prefer not to answer

If not born in Canada, what year did you arrive? ☐ Please check if the year provided is a guess/estimate

Which of the following best describes your racial or ethnic group? Choose ONE.

- ☐ Asian - East (e.g. Chinese, Japanese, Korean)
- ☐ Asian - South (e.g. Indian, Pakistani, Sri Lankan)
- ☐ Asian - South East (e.g. Malaysian, Filipino, Vietnamese)
- ☐ Black - African (e.g. Ghanaian, Kenyan, Somali)
- ☐ Black - Caribbean (e.g. Barbadian, Jamaican)
- ☐ Black - North American (e.g. Canadian, American)
- ☐ First Nations
- ☐ Indian - Caribbean (e.g. Guyanese with origins in India)
- ☐ Indigenous/Aboriginal - not included elsewhere
- ☐ Inuit
- ☐ Latin American (e.g. Argentinean, Chilean, Salvadoran)
- ☐ Metis
- ☐ Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- ☐ White - European (e.g. English, Italian, Portuguese, Russian)
- ☐ White - North American (e.g. Canadian, American)
- ☐ Mixed heritage (e.g. Black - African & White - North American)
- ☐ Please specify: _____
- ☐ Other(s): Please specify: _____
- ☐ Do not know
- ☐ Prefer not to answer

What is your sexual orientation? Choose ONE. ☐ Bisexual ☐ Gay ☐ Heterosexual ☐ Lesbian

☐ Queer (a term used by people who do not follow common sexual orientations) ☐ Do not know ☐ Prefer not to answer

☐ Two-Spirit (a term used by Aboriginal people) ☐ Other (Please specify): _____

What was your total family income before taxes last year? Choose ONE. ☐ Do not know ☐ Prefer not to answer

- ☐ $0 - $14,999
- ☐ $15,000 – $19,999
- ☐ $20,000 – $24,999
- ☐ $25,000 – $29,999
- ☐ $30,000 – $34,999
- ☐ $35,000 – $39,999
- ☐ $40,000 – $59,999
- ☐ $60,000 or more

How many people does this income support? ☐ Do not know ☐ Prefer not to answer