



COPE MENTAL HEALTH REFERRAL FORM

Date:		Is Client Aware of the Referral: · Yes · No	
CLIENT INFORMATION			
Client Last Name:		First:	Middle Initial:
		Pronouns: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Unknown <input type="checkbox"/> _____	
Language(s) Spoken:		Birth date: (MM/DD/YYYY)	
		Age:	
Street address:		Apartment/Unit Number:	City:
Postal Code:		Home Phone Number: ()	Cell Phone Number: ()
Email Address:		Family Doctor Name: Phone: ()	Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> E-mail
Referral Source:		Referral Source Phone Number: ()	
Other Active Supports:			
<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Case Management	<input type="checkbox"/> Ontario Shores	<input type="checkbox"/> Counsellor/Social Worker <input type="checkbox"/> Psychiatrist
Other Supports:			
Mental Health Diagnosis (select all that apply): <input type="checkbox"/> NONE			
<input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Depressive Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Schizophrenia Spectrum <input type="checkbox"/> Trauma Disorder <input type="checkbox"/> Other			
Current Legal Issues:			
<input type="checkbox"/> None <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Unknown			
SERVICE INFORMATION			
SERVICE REQUESTED: Group Support <input type="checkbox"/>			
Current symptoms/risk behaviours, accommodation need, medical conditions ,etc.:			

IN CASE OF EMERGENCY			
Emergency Contact:		Relationship to Client:	Home Phone Number: ()
			Cell/Work Phone Number: ()

Please forward to the appropriate office:

Office

- Ajax-Pickering
- Oshawa & Whitby
- Clarington
- North Durham

Phone

- 905-837-0017
- 905-668-6223
- 905-623-2261
- 905-985-8461

Fax

- 905-837-7535
- 905-668-7190
- 905-623-2604
- 905-985-0313