CONNECTIONS PROGRAM

Referral to Nurse Navigator

If you would like to complete this form through phone call, please call (416) 462-1010.

Date of Referral:			
Name of Client:		Date of Birth:	
Address or Location:			
Preferred method of contact	☐ Phone ☐ Email		
Is this a self- referral? ☐Yes ☐No	Referral Source Name: Relationship to Client: Referral Contact Information:		
How did you hear about Connections?		Is the client aware of this referral? ☐Yes ☐No	

What is your child welfare status? (Extended Society Care was formerly named crown ward).

☐ Extended Society Care (<18) ☐ Former Extended Society Care (18 – 29) ☐ CCSY (18 – 21) ☐ VYSA (16, 17)

What type of service are you (the client) looking for?

System Navigation Supports

Please describe concerns (related to physical health, mental health, and addictions):

Counselling and Therapy Supports

Have you received an assessment for therapy in the last two years? (I.e. a health care provider who has indicated there is a need for psychotherapy, and also what type of therapy)	☐Yes ☐No
Are you currently seeing a therapist?	☐Yes ☐No
Would you like to continue to see this therapist?	☐Yes ☐No
If yes: Name of Therapist: Phone # of Therapist:	
Do you have access to a regular health care provider (i.e. family doctor or a nurse practitioner)?	☐Yes ☐No

Other Assessments

Please describe what type of Assessment you are looking for :

When complete please email to DBhagat@torontocas.ca or fax to: 416–462-0161

CHILDREN'S AID FOUNDATION OF CANADA

Pape Adolescent Resource Centre parc

CHILDREN'S AID SOCIETY of TORONTO

LA SOCIÉTÉ DE L'AIDE à L'ENFANCE DE TORONTO