

# 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

## PATIENT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>	Preferred Name (if applicable)	<input type="text"/>						
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other
	D	D	M	M	Y	Y	Y	Y			
Phone	<input type="text"/>			Email	<input type="text"/>						
City	<input type="text"/>			Province	<input type="text"/>						

## REASON FOR REFERRAL

Primary Reason for Referral

Diagnosed Mental Health Conditions, Substance Use History & Other Relevant Information

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## TREATMENT REQUEST

Please select the service you are seeking for this patient (select one):

- Assessment Services
- Inpatient Treatment
- Intensive Outpatient Program
- Aftercare
- Family Program
- Specialty Outpatient Groups
- Individual Counselling

Please select a preferred treatment location of interest (if known):

- Edgewood | Nanaimo, BC
- Recovery Ranch | Fort Steele, BC
- Sandstone | Calgary, AB
- Red Deer Recovery | Red Deer, AB
- Bellwood | Toronto, ON
- Gateway | Peterborough, ON
- Clinique Nouveau Départ | Montréal, QC
- Ledgehill | Annapolis Valley, NS
- Atlantic Centre for Trauma | Nictaux, NS
- EHN Outpatient | Various Locations

## REFERRING PROFESSIONAL INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title/Profession	<input type="text"/>	Organization	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Signature

To further discuss the information on this referral form, EHN Canada has permission to contact:

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](mailto:referrals@ehncanada.com) | F: 1-833-444-0353