

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 and virtual outpatient programs across the country.

Date of Referral

D	D	M	M	Y	Y	Y	Y

NOTE: For referrals to our Eating Disorders Program, please contact admissions directly at sandstoneadmissions@ehncanada.com. For referral to our Obsessive Compulsive Disorder Treatment Program, please visit sunnybrook.ca/referrals/referral-info-for-thompson-centre.

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 and Other Relevant Information

TREATMENT REFERRAL FORM

TREATMENT REQUEST

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

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

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

- EHN Edgewood Nanaimo | Nanaimo, BC
- EHN Guardians Nanaimo | Nanaimo, BC
- EHN Edgewood Rockies | Fort Steele, BC
- EHN Guardians Rockies | East Kootenay C, BC
- EHN Willowview Recovery Centre | Lumsden, SK
- EHN Sandstone Recovery Centre | Calgary, AB
- EHN Red Deer Recovery Community | Red Deer, AB
- EHN Bellwood Toronto | Toronto, ON
- EHN Guardians Gateway | Peterborough, ON
- EHN Nouveau Départ Montréal, | Montréal, QC
- EHN Bellwood Nova Scotia | Lawrencetown, NS
- EHN Guardians Atlantic | Nictaux, NS
- EHN Outpatient Services | 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 (choose one):

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 | F: 1 647 499 1302