



Sinai Health

恆康中心
Wellness Centre

A Community Mental Health Program for Seniors and Caregivers

3660 Midland Avenue,
Unit103
Scarborough, ON. M1V 0B8
T: 416-291-3883
F: 416-291-8813

REFERRAL FORM FOR COMMUNITY AGENCIES

Name of Agency:	Name of Worker:
Address:	Tel. no. Fax no.

Client's Information

Name:	Gender: M / F
Health Card no.:	Date of Birth (YY/MM/DD):
Address:	Telephone no(s):
Language (Dialect):	
Emergency Contact: Name:	Tel. no.:

Service(s) Requested:

<input type="checkbox"/> Psychiatric Assessment	<input type="checkbox"/> Supportive Counselling
<input type="checkbox"/> Medication Consultation	<input type="checkbox"/> Psychotherapy
<input type="checkbox"/> Diagnostic Clarification	<input type="checkbox"/> Caregiver intervention

Brief Description of Present Mental Health Difficulties or Other Psycho-social Problems

Brief Medical/Psychiatric History (if applicable, incl. hospitalization, medications, surgeries, etc.)

Immediate Risks or Concerns (e.g. aggression, self-harm, addiction)

Signature of Referring Worker: _____

Date: _____