

Youth Wellness Hub - Toronto East Mental Health Support Referral Form

Please fax completed forms to 647-689-2945

For inquires, providers, youth and families can contact us at:

E: teywho@stridestoronto.ca **Ph:** 647-382-4153

Referral Date: _____

Client Information					
First Name:		Last Name:		Preferred Name:	
DOB (DD-MM-YY):		Age:	Gender:	Pronouns:	
Address:				Postal Code:	
Contact Information					
By listing this information, the referral source confirms that the client consents to YWHO contacting the client by phone and/or email regarding this referral. Please indicate if Contact Information belongs to a parent/guardian and include their name and relationship to client.					
Email:		<input type="checkbox"/> Parent/guardian:			
Phone:		<input type="checkbox"/> Consent for voicemail messages		<input type="checkbox"/> Consent for text messages	
		<input type="checkbox"/> Parent/guardian:			
Alt. Phone:		<input type="checkbox"/> Consent for voicemail messages		<input type="checkbox"/> Consent for text messages	
		<input type="checkbox"/> Parent/guardian:			
Preferred method of contact (Call, Text and/or Email):					
Languages spoken:				Does client and/or guardian need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the client require any form of accommodation when interacting with our service in person or online (ex. no internet access, no phone service, physical accessibility needs)? If yes, please specify:					
Emergency Contact					
Name:			Relationship to client:		
Address:			Phone:		
Program Referral Source					
Provider Name:			Provider Title/Role:		
Agency:			Phone:		
Email:			Fax:		

At TE-YWHO, we provide the following services. Please check off all the services that the client is interested in accessing:

- Health Services** – Nurse practitioners provide transitional clinical care regarding physical, mental, and sexual health. Support can include managing medications, birth control options and referrals to external health services
- Counselling** – Therapists provide solution-focused therapy to promote emotional well-being, enhancing self-awareness and fostering positive mental health outcomes
- Psychiatric Consultation** – Psychiatrist provides care through diagnostic clarification, managing medications and specialized referrals for complex mental health presentations, serious functional impairment and/or recurrent safety concerns that do not require urgent treatment
- Harm Reduction Counselling** – Counsellors provide support in reducing harm and improving well-being in relation to mild to moderate substance use
- Peer Support** – Support through one-on-one and/or group sessions by a peer support worker who has also experienced navigating mental health services. In-person peer support groups are available weekly
- Care Navigation** – Care navigators provide support with goal setting and connection to resources in areas such as health, mental health, employment, education, housing, financials, legal aid, social life, and more

Based on the services above, what kind of support is the client looking for at YWHO? Please include reason for referral and other relevant background information:

Relevant medical/diagnosis history (please include relevant medication history if referring to primary care):

Does the client have a family doctor? Yes No

Are there other providers involved in the client’s care? If yes, who and how are they involved: