



Newcomer Collaborative Community Mental Health Program Adult Referral Form

The Newcomer Collaborative Community Mental Health Program is designed to support the mental health needs of all newcomers, regardless of status and time in Canada, who have experienced moderate-to-severe trauma. For more information or to submit a referral, please contact our Director of Mental health Services, Heather Robertson, at h.robertson@aurorafamilytherapy.com

Name of Referring Agency or Individual:		Contact Person (if different):
Referral Date (DD/MM/YYYY):	Phone number of Contact:	Email of Contact:
Relation to client: <input type="checkbox"/> Service Provider <input type="checkbox"/> Sponsor <input type="checkbox"/> Community Member <input type="checkbox"/> Teacher <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other:		

Client Name:	Phone Number:	Permission to leave message: YES NO	
Client Address:	Email:	DOB (DD/MM/YYYY):	
Country of Origin:	Preferred Language:		Gender:
Arrival Date:	Other Languages:		Pronouns:
Estimated English (Please circle): <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			Interpreter Required <input type="checkbox"/> YES <input type="checkbox"/> NO

Brief Description of Need for Service:

Any Special Considerations:

Other services and supports involved with the individual/family:

The client has given permission for this information to be shared with Aurora Family Therapy Centre for the purpose of accessing services. YES NO

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