Mental Health Services
of Renfrew County
Wellness within Reach

A Service Provided by Pembroke Regional Hospital

Mental Health Services of Renfrew County

External Referral Form

Fax To: 613-735-4638

Person Referred:			
Date of Referral	Day Month Year	Is this Individual Aware of this Referral?	☐ Yes ☐ No
Last Name			
First Name			
Maiden Name			
Date of Birth			
Phone Number (Best Number to Call)		Can we leave a message?	☐ Yes ☐ No
Address			
Street			
City			
Province			
Postal Code			
Health Card#			
Health Card Expiry Date			
Family Physician Name			
Psychiatrist Name			
Reason for Referral (Identify any Safety Risks or Urgent Needs)			

Referral Submitted by:

☐ Self
☐ Relative – Please Specify: _____
☐ Friend
☐ Addiction Agency
☐ Hospital
☐ Physician
☐ Police
☐ Probation
☐ School
☐ Other – Please Specify: _____

Full Name of the Person Making this Referral:

Telephone # of Person Making Referral: