Working Together . . .

CCDP

community concurrent disorders program

. . . Towards Recovery

CCDP CRISIS REFERRAL ONLY

FAX TO 905 315 9125

Criteria for CCDP Crisis referrals

Client must have all:

- Client is aware of this referral and is agreeable to service
- Client is concurrent with challenges in mental health and addictions
- Client is deemed safe to be seen in the community by a single staff

Client eligibility is based on the following: (choose at least one - check all that apply)

- ☐ Requires immediate support in stabilization of mental health and/ or addiction
- ☐ Recent decline in symptoms of mental health pertinent to daily functioning
- ☐ Is sober but is at a high risk of imminent relapse
- ☐ Is chronically suicidal AND has had a change in baseline risk behaviours

** IF THE CLIENT DOES NOT MATCH THE ABOVE PROGRAM CRITERIA THEY SHOULD BE REFERRED TO ONELINK TO SCREEN FOR MOST APPROPRIATE ONGOING SERVICE AT 905 338 2878 **

Referral Source:	Contact Name:	Contact Number:
Client is aware of this referral and is agreeable to service ☐ Yes ☐ No		

Client Surname:		Given Name(s):	
Health Card #:	Date of Birth: (DD/MM/YYY)	Age:	Identified Gender:

Address:	City:	Postal Code:
Primary Phone #:	Can leave voice mail? ☐ Yes ☐ No	Can identify service on v/m? ☐ Yes ☐ No
Secondary Phone #	Can leave voice mail? ☐ Yes ☐ No	Can identify service on v/m? ☐ Yes ☐ No

Preferred language:		Is English a second language?: ☐ Yes ☐ No
Location at time of referral: Shelter ☐ In Community ☐ Hospital ☐		Anticipated discharge date: (DD/MM/YYY)
Currently Suicidal? ☐ Yes ☐ No	Previous suicide attempts? ☐ Yes ☐ No	History of aggression? ☐ Yes ☐ No Legal issues related to aggression? ☐ Yes ☐ No Aggressive under the influence? ☐ Yes ☐ No
Medical Concerns? (if "Yes" please explain in Additional information box) Yes ☐ No ☐		Medications? (if "Yes" please explain in Additional information box) Yes ☐ No ☐

Describe Mental Health Diagnosis/ Symptoms:

Describe Substance Use Concerns: (frequency of use, substance name, goals)

Additional Information: (current supports, list risk factors, medical concerns, medications and additional information)

Other Risk Factors Present: (check any that apply)

- ☐ Is known to have pending eviction from housing
- ☐ Recent major loss or life changing event (few or no social supports/ friends/ family)
- ☐ Requesting withdrawal management services
- ☐ Multiple recent hospitalizations/ ED visits

Hospital referrals: please attach patient consultation notes

Canadian Mental Health Association Halton Region Branch *Mental health for all*

ADAPT HALTON ALCOHOL, DRUG and GAMBLING ASSESSMENT PREVENTION & TREATMENT SERVICES

PAARC Peel Addiction Assessment and Referral Centre

Trillium Health Partners