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:**	**Gender/ Pronouns:**

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