

## Toronto East Youth Wellness Hub Referral Form

Please fax completed forms to **647-689-2945**

Youth, families, and providers can contact us at:

E: [teywho@stridestoronto.ca](mailto:teywho@stridestoronto.ca) Ph: 647-382-4153

Referral Date: \_\_\_\_\_

<b>Client Information</b>					
First Name:		Last Name:		Preferred Name:	
DOB (DD-MM-YY):		Age:	Gender:	Pronouns:	
Address:				Postal Code:	
<b>Contact Information</b>					
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 the 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:		Do 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 (eg. no internet access, no phone service, physical accessibility needs)? If yes, please specify:					
<b>Emergency Contact</b>					
Name:			Relationship to client:		
Address:			Phone:		
<b>Program Referral Source</b>					
Provider Name:			Provider Title/Role:		
Agency:			Phone:		
Email:			Fax:		

Please check off all the services that the client is interested in accessing:

- Counselling** – Counsellors provide solution-focused therapy to promote emotional well-being, enhancing self-awareness, and fostering positive mental health outcomes.
- 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 providers.
- Psychiatric Consultation** – Psychiatrist provides diagnostic clarification, medication management, and specialized referrals for youth with 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, finances, legal aid, social life, and more.

What kind of support is the client looking for at YWHO? Please include the reason for referral and other relevant background information:

Relevant medical history/diagnoses (please include relevant medication history if referring to health services):

Does the client have a family doctor?  Yes  No Name:  Tel:

Please list other providers involved in the client's care and how they are involved: