

Referral Form: Primary Care Mental Health and Addiction Navigator (Elgin County)

Service Description: The Primary Care Mental Health and Addiction Navigator works with Elgin Primary Care Providers and their patients to increase awareness of and referrals to various mental health and addiction programs and services for their patients. The goal is to connect individuals to the right service at the right time based on readiness, needs and preferences of the individual. This may include referrals to formal and/or informal supports and services available in the community.

Please note that appointments may be provided virtually or in-person based on the patient's preferences but will be subject to office space availability and the Navigator's schedule. Where availability permits and the patient is in agreement, the Navigator may also be able to join an already existing appointment with another healthcare provider.

Please further note that this is a consultative service and case management needs will be referred on to the appropriate service.

Crisis: Please note that this is NOT a crisis service. Please direct individuals to their local crisis service, nearest Emergency Department or 911.

Program Referral Criteria

Inclusion Criteria

The following **MUST** apply to the patient to be considered eligible for program referral

- Patient is 18 years of age. At this time, please continue to refer children and youth to Wellkin Child and Youth Mental Wellness and/or Tele-mental Health Service).
- Patient is experiencing challenges as it relates to navigating services related to their mental health and/or addictions.
- Patient is aware of this referral.

Patient Information	
Name:	
Preferred Name (if different from above):	
Pronouns:	
Primary Language:	
Interpreter Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Accessibility Concerns:	
Safety Concerns:	

Communication Preferences

Best Contact Number:

Can a message be left at this number: YES NO

Email address:

Do we have permission to connect with an alternate contact? *(Please note this is not a requirement)* YES NO

Alternate contact name:

Alternate contact relationship:

Alternate contact number:

Referral Information

Reason for Referral:

What is the primary mental health or addiction issue that the patient is experiencing?

What services have you or the patient attempted to access and what barriers have you or the patient faced?

Type of consult requested:

Navigator-patient consult Navigator-professional consult

Has the patient received any psychiatric diagnoses? If so, please describe:

Is there any history of past or present substance use? If so, please describe:

Is there any history of known trauma that this navigator should be aware of?

**Please fax completed referral form to the
Elgin Community Health Hub: 519-286-6516**