



**Canadian Mental Health Association**  
 North Bay and District  
 Mental Health – Addiction – Peer Support

**Association canadienne pour la santé mentale**  
 North Bay et District  
 Santé mentale – Toxicomanie – Soutien par les pair

## Central Access Referral

**CMHA North Bay and District, Central Access Office**

**176A Main St. West, North Bay, ON P1B 2T5**

**T 705.476.4088 F 705.495.3585 E CentralAccess@nbd.cmha.ca W nbd.cmha.ca**

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

Name: \_\_\_\_\_ DOB (DD/MM/YYYY): \_\_\_\_\_

Gender:  Male  Female  Other (specify) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone/Contact: \_\_\_\_\_ Permission to leave a message?  Yes  No

Preferred Language:  English  French  Other

Language preferred for service:  English  French  Other

Reason for Referral:

Name of Person Making Referral: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Agency/Program: \_\_\_\_\_

I, \_\_\_\_\_ am aware of this referral and provide consent

*(signature of person being referred)*

to allow CMHA North Bay and District to contact the referring agency/person if needed.  Yes  No

**Please Note: A signature from the applicant is required for the referral to be processed.  
 Incomplete referrals will not be processed.**