



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

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**How would you like us to contact you?** Telephone Voicemail ok? E-mail Text

Preferred language: English French Other

Preferred language for service:

Reason for referral:

Name of person making referral: \_\_\_\_\_ Agency/Program: \_\_\_\_\_

Contact information: \_\_\_\_\_

**Permission to contact referring agency/person if needed.** Yes No

I, \_\_\_\_\_ am aware and agree with the information provided in this referral for services with CMHA North Bay and District.

Signature: \_\_\_\_\_

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