



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 E-mail

Do we have permission to leave a voicemail? Yes No

Preferred language for service: English French Other

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 of person being referred)

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