WENDAT
Community Programs
Providing Services for Seniors and Adult Mental Health Services in North Simcoe Muskoka

Crisis Clinic Referral
Direct Inquiries to Midland Office 705-526-1305 Ext. 247 or
Complete all sections and fax to: Midland Office 705-526-9248

Name:_____ Phone (H):_____(BorC):_____

Address:_____City/Town:_____

Postal Code: _____ Gender: Man or Woman or I Identify as:_____

D.O.B.(DMY):_____ Marital Status:_____ HC#:_____

Family Doctor:_____ Psychiatric Diagnosis: _____
(if known)

Formal/Informal Supports (please include past and present supports and any mental health providers involved with the individual):

Current Medications:_____

Medical/Health Issues:_____

Current Presentation (circle appropriate response)
Suicide Risk: Yes No Details: _____
Violence Risk: Yes No _____
Substance Abuse: Yes No _____
Self-Harm: Yes No _____

Please provide some background to your referral and any specific interventions you feel would be appropriate. Use back of page if needed:

_____

_____

_____

Referring Agency: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

If Client Consents for Follow-up by Wendat Community Programs Crisis Services please obtain client signature.

Signature:_____Date: _____

Revised March 2025