



One number for immediate child and youth mental health support

REFERRAL FORM

Tandem is a joint program supported by Vanier Children’s Mental Wellness, Humana Community Services and Craigwood Children, Youth & Family Services

For immediate support for your patient, Tandem provides 24-hour phone support to patients and can be reached at (519) 433-0334

Please fax completed form to (519) 433-1302. Parent / guardian or patients will be contacted directly.

Referral Date	
---------------	--

Patient Information		
Name:		Date of Birth:
Email:	Phone #:	
Address:		
Name(s) of Legal Guardian(s):	Relationship to Patient:	Contact #:
Name(s) of Legal Guardian(s):	Relationship to Patient:	Contact #:
Preferred Language:		
Will an interpreter be required:		

Requesting Healthcare Practitioner		
Name:		
Phone #:	Fax #:	Email:
Address:		
Primary care provider (if not same):		

Reason for Referral

Consent			
Did parent or legal guardian provide verbal consent for this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If patient is age 12 or older and is competent, patient can seek referral independently.			
Does patient wish to be contacted independently from parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does patient consent to leaving messages with parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did patient provide verbal consent for this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A