



Family Support Program Referral Form

The Family Support Program provides mental health education, self-care strategies, and community resources to caregivers and family members who are directly supporting someone with mental health concerns. The program delivers face-to-face and/or virtual consultation services to caregivers and family members.

How to be referred to the Family Support Program

There are two ways that a caregiver or family member can be referred to the Family Support Program. Please check the correct box.

1. Self-referral
2. Service provider/ Agency

Please list name of service provider/agency name: _____

Reason for Referral

Supportive Counselling

Psycho-education

Service Navigation

Briefly describe reason for referral: _____

First and Last name of person in need of support:

Telephone number:

Email address:

Referrals can be made directly to the program by completing and e-mailing this form to MHClinicianServices@uhn.ca or faxing to 416-603-5490

Office Number: 416-603-5800 x5520

Email: MHClinicianServices@uhn.ca

Someone from our office will contact you within one week.