



MEN OF THE NORTH - REFERRAL FORM FOR MEN'S MENTAL HEALTH SUPPORT PROGRAM

Thank you for your interest in referring someone to our men's mental health support program. Please fill out the following information to the best of your ability. All information provided will be kept confidential.

REFERRER INFORMATION:

Name:

Organization (if applicable):

Email:

Phone Number:

Relationship to the Individual Being Referred:

INDIVIDUAL BEING REFERRED:

Name:

Age:

Contact Information (if available):

Reason for Referral:

Additional Information (if available):

Brief background or context of the individual's situation:

Any specific needs or concerns:

Any relevant medical or mental health history:

Preferred Contact Method for Follow-Up:

- Email
- Phone
- No Preference

Confidentiality Agreement:

I understand that the information provided on this form is confidential and will only be used for the purpose of facilitating support for the individual being referred. I agree to maintain the confidentiality of this information and not disclose it to any unauthorized parties.

I agree

Submission Options:

1. Drop Off:

You can drop off this completed form at our office during business hours.

Our address is: **912 LaRonge Ave - Downtown LaRonge**

Hours of Operation:

- a. **Saturday 8:00am - 12:00pm & 4:00pm - 8:00pm**
- b. **Sunday - Closed**
- c. **Monday - 9:00am - 11:00pm & 4:00pm - 10:00pm**
- d. **Tuesday - 9:00am - 12:00pm & 4:00pm - 8:00pm**
- e. **Wednesday - 6:00am - 9:00am & 11:00am - 2:00pm & 5:00pm - 8:00pm**
- f. **Thursday - Closed**
- g. **Friday - 9:00am - 12:00pm & 6:00pm - 10:00pm**

2. Email:

You can also email this completed form to **referrals@menofthenorth.net**. Please include "Referral for Men's Mental Health Support Program" in the subject line.

Thank you for your referral! Our team will review the information provided and follow up accordingly. If you have any questions or need further assistance, please don't hesitate to contact us at **639-470-3476**.