



Nipissing Mental Health
Housing & Support Services

Be in a good place.

Brief Intervention Case Management Services

BICM Phone line: 705-476-4088-ext 232 or ext 235

FAX Referral to: 705-495-3585

Name of Person Making Referral: _____

Referral Source Contact Information: _____

Identifying Information for person being referred

Name: _____ DOB: _____

Address: _____

Health Card # _____ Phone: _____

Gender: _____ Language 1st spoken _____ Preferred Language: _____

Reason for Referral: brief description of supports required along with diagnosis & medications if available/

I, (client name) _____ give consent to
(referring agency) _____

to contact and share information with the Brief Intervention Case Management Program at Nipissing
Mental Health Housing & Support Services .

Signed _____ Date _____

Witnessed by _____ Date _____