

# REFERRAL MAP

HEALTH PROFESSIONALS

## HOW OLD IS YOUR PATIENT?

**Above the age of 25**

Do they have a disability, chronic illness, or mental health concern?

**Yes**

Do they have children who help with care at home?

**Yes**

Our services may benefit your patient

**No**

Do they have a child with one of the above conditions?

**No**

Our services unlikely needed

**Yes**

Is their mental health concern a result of supporting a family member?

**Yes**

Our services may benefit your patient

**Under the age of 25**

Do they have a disability, chronic illness, or mental health concern?

**Yes**

Do they suffer from a mental health concern?

**No**

Our services unlikely needed

**No**

Do they support someone at home with one of the above conditions?

**Yes**

Our services may benefit your patient

**No**

Our services unlikely needed

If our services may benefit your patient, please visit [YoungCaregivers.ca](http://YoungCaregivers.ca)