

Adult Psychiatric Clinic Referral Form

Please do not Fax this cover sheet with the referral

For Referring Providers

- Brightshores Adult Psychiatric clinic offers evidenced based assessments for ages 18 years and up
- A Physician /Nurse Practitioner referral is required,
- Adult Psychiatric clinic does not offer:
 - Individual Counselling
 - Grief and Bereavement services
 - Assessments, treatment and/or rehabilitation for Acquired Brain injury (ABI)
 - Traumatic Brain Injury(TBI) or concussion
 - Assessments to diagnose Learning Disabilities in Adults
 - Assessments to diagnose Autism Spectrum Disorder in Adults
 - Parenting Capacity/custody access or forensic assessments
 - Assessments for the Ontario Disability Support Program (ODSP) or insurance providers (workplace)
 - Assessments for legal purposes (criminal or civil)

For your Client

- Please ensure your client is aware the referral is being made
- A mental health clinician will review each referral
- Two attempts will be made to call the client. A letter/notification will be sent to the referring provider if no contact is made
- Clients will be made aware of any waitlists when contact is made
- Please direct your clients to <https://www.brightshores.ca/mental-health-addiction-services/> <https://www.brightshores.ca/wp/wp-content/uploads/2021/04/MH-Resources.pdf> to assist the client in getting the most out of the wait time by checking out the online resources
- Please provide 24 hours for any cancellation notices or rescheduling requests
- Clients who do not present for initial appointment or two follow up appointments, without appropriate notice, will have their file closed and require a new referral

Psychiatric Consultation Criteria

- One time consultation is available with the understanding that the referring physician is responsible for the implementation of the recommendations
- Consultation and psychiatric follow up may be offered at time of consultation
- Requests for 'Second Opinion 'consults in less than one year's time will be declined with few exceptions.
- If your patient is seeking treatment/support for Substance Misuse, patients are encouraged to self-refer to Addiction Treatment Services to review options at 519-376-5666

How to Refer to Adult Psychiatric Clinic –General Inquires please call 519-378-1450

- Complete the online referral and fax to 519-378-1447
- Please print this page to share information and resources with your patient
- Please ensure the form is fully completed as incomplete referrals will be returned to you and delay service for your client

Psychiatric Clinic Referral Form Fax:
519-378-1447

REFERRING PHYSICIAN'S INFORMATION:

Physician's Name:

OHIP Billing #:

Family Health Team or Emergency Department:

Tel:

Fax:

Email:

Family Physician (if different):

PATIENT INFORMATION:

Patient consents to referral

Last Name:

First Name:

MRN (if available):

Address:

Postal Code:

Tel:

Mobile:

Gender:

DOB (MM/DD/YY):

Health Card Number:

Version Code:

Consent to email Y N

Patient Email:

Consent to leave message: Voicemail

Y

N

With another person: Y

N

SELECT MENTAL HEALTH SERVICE REQUESTED (CHOOSE ONE ONLY):

Mental Health Assessment Clinic (General Psychiatry):

Consultation Follow-up (patient has been seen by psychiatry within the last year)

REASON FOR REFERRAL:

ADDITIONAL INFORMATION:

Past Psychiatric & Medical History (please include most recent consultation, discharge summary or notes, medications trialed, relevant reports, etc.):

CURRENT MEDICATIONS:

Medication	Dose	Frequency

Allergies:

RISK ISSUES	PRESENT		PAST		DETAILS
	Y	N	Y	N	
Suicidal Ideation					
Suicidal Attempt					
Hallucinations					
Police Involvement					
Violent Behaviour (verbal or physical)					
Substance Use					
Other Self Harm Behaviour					

AGENCIES, MENTAL HEALTH THERAPIES OR HOSPITALIZATIONS FROM THE LAST TWO YEARS:

Referring Physician Signature: _____

Date of referral: _____

Completion of Form, in its entirety, allows for quicker triaging, resulting in patient being seen more quickly