



MENTAL HEALTH & SUBSTANCE USE INTAKE REFERRAL FORM (FOR PATIENTS 19+)

For persons best starting with Mental Health, fax to (250) 381-3222

For persons best starting with Substance Use, fax to (250) 213-4445

PLEASE PRINT LEGIBLY

PATIENT INFORMATION

Name: last first alias?: Gender: M F Other
DOB (dd-mm-yyyy): PHN: 9 Address:
MRN: Primary Phone #: Work/Other #:

REFERRAL INFORMATION

Date of Referral: Source of Referral:
Family Physician: Phone:
Private Line: Fax: Is patient supportive of this referral? Y N

REASON FOR REFERRAL

WHY IS THIS PATIENT SEEKING MENTAL HEALTH OR SUBSTANCE USE SERVICES?

TYPE OF SERVICE REQUESTED:

CURRENT CLINICAL FEATURES - Please check all that apply, then provide any additional information below:

HIGH-RISK SYMPTOMS (please add details ->->->->)
Risk of harm to self others plan?
Suicide/homicide risk assessment completed by referring physician?
Psychotic Symptoms
Behaviour influenced by delusions/hallucinations
Patient is experiencing command hallucinations
\*IF PATIENT'S RISK REQUIRES A RESPONSE TODAY, PLEASE REFER TO IMCRT (MOBILE CRISIS TEAM 361-5958 after 1300 hrs Confidential Pager for professionals only) OR TO THE EMERGENCY ROOM, OR CALL 911.

- Pronounced and/or Resistant Depression
Manic/Hypomanic Symptoms
Major Cognitive Impairment/Disorganization
Unstable/Lack of Housing
Suicide attempt history
Chronic Emotional/Behavioural Instability
Generalized Anxiety
Panic Attacks
Social Phobia
Obsessive/Compulsive Behaviour
URGENCY:
Semi-Urgent
Non-Urgent

Table with columns: Medications, Date started, Adverse reactions/Allergies?, Problems affording medications?, Substance Use (Substance, Method/Amount/Frequency, Mild/Moderate/Severe?), Withdrawal/seizure risk?

Please attach all relevant EMRs, medication lists, consults, test results, and medical/psych. history.

Table with columns: TO BE COMPLETED BY MHSU ADMINISTRATIVE STAFF, TO BE COMPLETED BY INTAKE STAFF, Message Log (To Whom, When, M/L, Staff Signature)

Please fax this form and the completed Client/Patient Questionnaire to either: Mental Health Intake (250) 381-3222 or Substance Use Intake (250) 213-4445
Physicians can consult with a Mental Health Intake worker by calling 250-519-3485, or an SU Intake Worker by calling 250- 213-4444.
The referral will be processed once Intake has received the Client/Patient Questionnaire and this form. Rev. 16-May-2014