

DATE OF REFERRAL: \_\_\_\_\_

**PATIENT CONTACT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- EXCLUSION CRITERIA:**
- |  |                                      |
|--|--------------------------------------|
| 1. Primary substance abuse                 | 3. Medical-legal assessments         |
| 2. Significant risk of physical aggression | 4. Address outside City of Vancouver |

**INDICATE REASON FOR REFERRAL**

<input type="checkbox"/> <b>SHARED CARE</b> Family Practice Physicians Seeking a one-time consult for diagnostic clarification, medication and treatment recommendations	<b>Only internal SPH referrals accepted for:</b>  <input type="checkbox"/> <b>ACUTE PSYCHIATRIC ASSESSMENT CLINIC (APAC)</b> Emergency (ER), Consult Liaison (CL) and Inpatient Units referrals seeking short term treatment (1 to 10) sessions <b><u>for anxiety / depression and mood disorders</u></b>  <input type="checkbox"/> <b>ELECTRO-CONVULSIVE TREATMENT (ECT)</b> Inpatients with significant depression history, particularly those not responding to antidepressants, have severe depression or are at a high risk for suicide  <b>Acute Inpatient and Consult Liaison referrals for ECT patients take priority</b>								
<input type="checkbox"/> <b>OUTPATIENT PSYCHIATRIC AMBULATORY CLINIC (OPAC)</b> Community referrals seeking short term treatment (1 to 10) sessions <b><u>for anxiety / depression and mood disorders</u></b>									
<input type="checkbox"/> <b>REPRODUCTIVE PSYCHIATRY</b> Women who are pregnant or within 12 months post-partum. Services for pregnancy planning, pregnancy loss, infertility and PMS/PMOD are also offered  <table border="0"> <tr> <td>Pregnant EDC: _____</td> <td><input type="checkbox"/> Pregnancy Planning</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Pregnancy Loss</td> </tr> <tr> <td>Postpartum Delivery Date: _____</td> <td><input type="checkbox"/> PMS/PMOD</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Infertility</td> </tr> </table>		Pregnant EDC: _____	<input type="checkbox"/> Pregnancy Planning		<input type="checkbox"/> Pregnancy Loss	Postpartum Delivery Date: _____	<input type="checkbox"/> PMS/PMOD		<input type="checkbox"/> Infertility
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Postpartum Delivery Date: _____	<input type="checkbox"/> PMS/PMOD								
	<input type="checkbox"/> Infertility								
<input type="checkbox"/> <b>INNER CITY YOUTH (ICYMHP)</b> Youth <b><u>under the age of 24</u></b> with mental health/addiction concerns <input type="checkbox"/> <b>CLINIC</b> - Assessment and short term follow-up at the MHWC <input type="checkbox"/> <b>COMMUNITY</b> - Assertive community based treatment for precariously housed youth									
<input type="checkbox"/> <b>GROUP THERAPY</b> Intake decisions will be made by team of Psychologists and Psychiatrists									

ATTACH A CLINICAL SUMMARY and other relevant information pertaining to previous psychiatric treatment including medication trials, previous hospitalization, suicide risk assessment, forensic history and substance abuse history

**Describe Patient Symptoms:** \_\_\_\_\_

**Patient is aware and in agreement with this referral:**  Yes  No

**REFERRING PHYSICIAN/CLINICIAN**

Printed name: \_\_\_\_\_ Billing ID: \_\_\_\_\_ Fax: \_\_\_\_\_

As the referring Physician/Clinician (e.g. Nurse Practitioner/Midwife), I hereby commit to follow this patient in the community.

\_\_\_\_\_  
 Signature of referring Physician/Clinician

**Fax completed Referral and relevant information to MHWC at 604-806-8287**

- All referrals will be triaged via our Intake Nurse Clinician and will have a designated Nurse Case Coordinator
- Referral source and patient will be contacted **within 72 hours** with an appointment time and/or triage recommendations
- We have a dedicated social worker to help with community referrals and discharges
- St. Paul's Hospital remains a teaching hospital. It is highly likely a Resident or Medical Student will be part of the treatment
- Our group program is currently under development. A list of upcoming groups will be posted on our external website
- For more information please contact our **Intake Nurse Clinician at 604-806-8004**

