

MENTAL HEALTH SERVICES

Outpatient Psychiatry Consultation Form

Please note that we can only accept patients who:

1. Live west of Merivale Road
2. Have a major mental health problem which impairs their daily functioning

We do not offer:

1. Children's Aid Society, Court or Forensic Assessments
2. Treatment of primary drug/alcohol addictions

NOTE: Only fully completed referrals will be considered

Patients referred are expected to call the Outpatient Psychiatry Department (613-721-4708) to arrange an appointment

Patient information:

Name: _____

Address: _____

Telephone:

Home: _____

Work: _____

Cell: _____

Health Card no.: _____

Version code: _____

Date of birth: _____
 (yy/mm/dd)

Referral Information:

Referring Source (please print)

Billing no: _____

Telephone no: _____

Fax no.: _____

Date: _____ (yy/mm/dd)

Administrative purposes only:

Date received: _____

Date patient called: _____
 (yy/mm/dd)

Appointment date and time:

- Patient attended
 Patient missed appointment

Reason for referral (primary issues):

Medications:

Name	Dose/frequency	Date started

Does the patient have a previous psychiatric history?

- no yes (include any previous records with referral)

Name of Psychiatrist or hospital:

Is the referral urgent? If so, please explain:

Medical history:

Are there any current or past addiction issues?

Current alcohol/drug use:

I _____ agree to provide follow-up care to this patient.

Please fax to Queensway Carleton Hospital at 613-721-4773 along with any previous psychiatric records