Mental Health Outpatient Program Central Intake Referral Fax: (705) 328-6065



Phone: (705) 328-6064

| | *Incomplete | e referrals can | resu | ılt in a delay of service∗ | | |
|-----------------|---|-----------------|----------|--------------------------------------|--|--------|
| Da [.] | te of Referral: | | | Referral Source: | | |
| | ime: | | | Gender Identified: | Male | Female |
| | te of Birth: | | | OHIP: | | |
| | ldress: | | | Om | | |
| F14. | <u> </u> | | | Family Doctor: | | |
| Ph: | one (1): | | | Billing Number: | | |
| Phone (2): | | | | | | |
| UR | RGENCY? RISK? IF YES, provide relevan | nt details: | <u> </u> | | | |
| ls t | the patient aware of the referral? | | | Yes No | | |
| Do | es the patient have an Employee Assi | istance Plan? | | Yes No | | |
| Me | ental Health Diagnosis (if known): | | | | | |
| Otl | her Medical Conditions or Disorders? | | | | | |
| Co | gnitive Function: Normal 🔲 | Impaired 🔲 | Dela | ayed | | |
| Me | edications: | | | | | |
| Na | me of Medication | Dose | Na | me of Medication | | Dose |
| | | ' | <u> </u> | | | |
| | | <u> </u> | <u> </u> | | | |
| | | <u> </u> | <u> </u> | | | |
| Pre | esenting Problem: (REQUIRED) | | | | | |
| Ser | rvices Requested: Psychiatric Consultation | | T_ | Therapy Services | | |
| | VER 0-17yrs Psychiatric Consultation | - | | Family Support / Journeying Together | | |
| | Early Psychosis Intervention (EPI) | - | | Metabolic Clinic | <u>, , </u> | |
| _ | Crisis Cupport | | \vdash | <u> </u> | | |

Please attach any relevant reports, assessments, laboratory results, pharmacy summaries, etc.

We do not complete assessments for legal purposes

Referral Criteria

Psychiatric Consultation: <u>one-time</u> psychiatric consultation for assessment and/or medication initiation/review. MRP will be responsible for on-going care and treatment.

VER Psychiatric Consultation: <u>one-time</u> psychiatric consultation for children (0-17yrs of age).

EPI – Early Psychosis Intervention: identifies people (aged 14-35yrs) with <u>first</u> episode psychosis as early as possible and provides intensive, sustained case management. Research shows that early detection and treatment of psychosis leads to quicker and more complete recovery.

Therapy/Groups: the Day Program provides treatment services in a coordinated 6-8 week outpatient format with 5 days per week programming, focusing on client skill development, emotional regulation and communication. A variety of drop-in groups are also available every week.

Metabolic Clinic: for clients (16yrs of age and older) who have been prescribed a new second generation antipsychotic (SGA) medication or have been taking SGA medications and are at a risk for onset of metabolic syndrome.

Crisis Support: one to one short-term counseling that offers support, coping skills, strategies and links to outpatient services at Ross Memorial Hospital or community services to stabilize clients who are experiencing crisis.

Brief Intervention: one to one short-term counseling that provides assessment and stabilization to clients who are experiencing situational stressors or past history of trauma/sexual abuse. Offers support, coping skills, strategies and links to outpatient services at Ross Memorial Hospital or community services.

Journeying Together/Family Support: provides support (3-5 sessions) to family members and caregivers of people with mental illness. Services include emotional support, referral to community resources, education on mental illness and the mental health system, and skill development for improved coping, communication and problem solving.