

Outpatient Mental Health Care offers acute care in psychiatry and counselling that is goal-directed and time-oriented for adults (ages 18 years and older) residing in Elgin County. Referrals are received Monday to Friday (8:30 a.m. - 4:30 p.m.) excluding statutory holidays. For youth (ages 18 years and younger) refer to Oxford-Elgin Child & Youth Centre: Crisis 1-877-539-0463; Intake 519-539-0463 Ext. 299; Fax 519-539-7058. ****Failure to provide adequate and legible information will cause delay.****

PATIENT INFORMATION:

Legal Name:

DOB: Male Female
 YY / MM / DD

Health Card#

Address: MUST RESIDE IN ELGIN COUNTY

Telephone:

REFERRAL SOURCE:

Name:

Family Physician ED Physician

Walk-In Clinic Physician Psychiatrist

Other Regulated Health Care Professional

Address:

Telephone: Fax:

A confidential message may be left: Yes No with the patient

REASON FOR REFERRAL:

- Psychiatric Consultation Appointment** (medication review and treatment recommendations).
- Telephone Consultation with Psychiatry** (Physician to Physician).
- Counselling Services** (Employee Assistance Program (EAP) benefits must be exhausted prior to counselling referral).

Describe your reason for referral:

CURRENT SYMPTOMS (Check all that apply):

Mood Symptoms:

- Depressed Mood
- Elevated Mood
- Fluctuating Mood
- Irritable Mood
- Other: _____

Anxiety Symptoms:

- Panic Attacks
- Social Anxiety
- Generalized Anxiety
- Obsessions/Compulsions
- Phobias
- Post-traumatic Stress

Psychosis:

- Delusions
- Hallucinations
- Disorganized Speech/Behaviour
- Negative Symptoms

Thought Content:

- Suicidal Ideation
- Homicidal Ideation

Risk Issues: Recent suicide attempt Active self-harm behaviour Violence or aggression

URGENCY LEVEL:

Non-Urgent

- Moderate levels of crisis and risk factors
- Significant distress
- Potential harm may occur/re-occur

Urgent

- Dangerous levels of crisis
- Very likely that harm will occur/re-occur
- Escalating psychiatric symptoms

CRITICAL / EMERGENT situations need immediate attention and implies danger to life; possibility of immediate harm to self or others; clinical conditions that are unstable with the potential to deteriorate quickly. **ACCESS 24hr CMHA CRISIS SERVICE 519-631-2180, 911 or nearest Emergency Department.**

Patient Name: _____

MRN: _____

OTHER RELEVANT INFORMATION (All boxes must be completed):

Substance Abuse (Please access Addiction Services of Thames Valley (519-673-3242 as needed)

Not applicable

Current Legal Issues (*For legal proceedings access an independent health care provider. Assessments for court **are not** provided):

Not applicable

Involvement with Family and Children's Services (*Parental Capacity Assessments **are not** provided):

Not applicable

Previous Mental Health Treatment/ Hospitalizations:

None

Current Mental Health Supports and/or Community Resources:

None

Current Medication(s)	Dose	Frequency	Date Started YYYY/MM/DD

See attached Medication List

PHYSICAL HEALTH (Please note any relevant medical history):

See attached Cumulative Patient Profile

Potential organic causes for symptoms have been ruled out (e.g. Thyroid problems, Concurrent medication, Head Injury, Epilepsy)

MH Office Use: Date Intake Received: _____ Assigned to: _____

Contact / Screening Notes:

Outcome:

Advised patient of CMHA Crisis Services 519-631-2180, 911 or nearest Emergency Department.