

Niagara Region Mental Health  
Public Health

905-688-2854, ext. 7353 Toll free: 1-800-263-7215  
niagararegion.ca/health

**Please complete and return this form by fax  
to 905-684-9798.**

**PLEASE PRINT CLEARLY**

Patient Label
Health Care Provider Stamp/Label

*For requests made to the Early Psychosis Intervention service, an intake worker will contact the client within 72 hours.  
For all other services, clients will be contacted within 5-7 business days.*

**If available, the following documents MUST be submitted with the referral:**

- Most recent psychiatric consultation report(s)
- Discharge summary
- List of current medications
- Personal safety plan

**Please attach bloodwork and consultation notes done within the past 6 months if available.**  
(i.e, CBC, TSH, electrolytes, glucose, lipids, prolactin, LFT's, Cr, B12 drug levels, CT Scan, EEG, EKG)

## Referral source information

Referral source type: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Referral contact name: \_\_\_\_\_

Phone and extension: \_\_\_\_\_ Fax number: \_\_\_\_\_

Full address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Billing number: \_\_\_\_\_

## Client information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (month/day/year): \_\_\_\_\_ Health card number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (alternative): \_\_\_\_\_

Client Email \_\_\_\_\_

**Gender:**      Male      Female      \_\_\_\_\_

Age at onset of mental illness: \_\_\_\_\_ Age of first psychiatric hospitalization: \_\_\_\_\_

Reason for most recent hospital visit/admission: \_\_\_\_\_

**Reason for referral:**

**Psychiatric and medical diagnoses:**

**Does client give permission for Niagara Region Mental Health to email, text, or leave a message**

**Diagnostic category**

- |   |  |   |
|---|--|---|
| Adjustment Disorders                                  | Eating Disorders                                   | Schizophrenia and Other Psychotic Disorders |
| Anxiety Disorders                                     | Factitious Disorders                               | Sleep Disorders                             |
| Delirium, Dementia, Amnestic, and Cognitive Disorders | Impulse Control Disorders                          | Somatoform Disorders                        |
| Developmental Delay                                   | Not Elsewhere Classified                           | Substance Related Disorders                 |
| Disorders of Childhood/Adolescence                    | Mental Disorders Due to General Medical Conditions | Unknown or Service Recipient Declined       |
| Dissociative Disorders                                | Mood Disorders                                     |   |
|   | Personality Disorders                              |   |

**Risk factors (check all that apply)**

- |                        |                       |                        |
|------------------------|-----------------------|------------------------|
| Command hallucinations | Impulsive behaviour   | Suicide attempts       |
| Danger to others       | Medication compliance | Suicidal ideation      |
| Danger to self         | Poor social support   | Violent intention      |
| Fears consequences     | Risk of falls         | Willing to accept help |
| Homicidal thoughts     | Self-harm             | Substance Use          |
|                        |                       | Specify: _____         |

**Notes:**

**Service requested**

Please select **ONE** service only. See website for service criteria.

Assertive community treatment team (ACTT)

Geriatrics case management

Case management

Youth mental health and addiction service

Early psychosis intervention

**Note: Niagara Region Mental Health will assess the needs of the patient and determine which service is most appropriate for that individual.**

Client has verbally consented to the disclosure of their personal health information for the purpose of a referral to Niagara Mental Health

I agree to receive fax and/or email communication about this referral from Niagara Region Mental Health