

Adult Psychiatry Referral
Cambridge Memorial Hospital
PRIVATE AND CONFIDENTIAL



1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

Today's Date: _____
Name: _____

CID: _____
D.O.B: _____

REQUIRED ELIGIBILITY CHECKLIST

- 18 years-of-age and older residing in Cambridge (or residing in an area without psychiatric resources)
- Moderate to severe diagnosis and/or diagnosable disorder (bipolar, schizophrenia, psychosis, severe depression, anxiety, obsessive compulsive disorder, significant trauma) with complex needs arising from mental health conditions and/or concurrent disorders
- Primary Care Provider has tried previous interventions that have not been successful at stabilizing the person
- Without psychiatric consultation and intervention the person is likely to become unstable

Those typically not eligible:

- People with mild to moderate symptoms who can be served within an EAP, family counselling or private therapist.
- People who experience age related cognitive decline (e.g., dementia) are better served by senior services.

CONSULTATION REQUESTED

Consultation Type: Assessment & Diagnosis Medication Treatment Planning
Type of Appointment: New Patient Follow-Up Consultation
Priority: A B C D E F G
(Refer to Priority queue)

PATIENT DEMOGRAPHICS

Name: _____ Gender: _____
D.O.B: _____ Age: _____
Address: _____ Phone: _____ Do Not Leave Message
Alternate: _____ Do Not Leave Message
Ethnicity: _____
HC: _____ Version Code: _____ Preferred Language: EN FR
 Other (specify): _____

HEALTHCARE PROVIDERS

Name: _____ Type: _____
Organization: _____ Phone: _____
Address: _____ Fax: _____

Name: _____ Type: _____
Organization: _____ Phone: _____
Address: _____ Fax: _____

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
Guelph, ON
N1E 4J3

67 King St. E.
Kitchener, ON
N2G 2K4

3-9 Wellington St.
Cambridge, ON
N1R 3Y4

234 St. Patrick St. E.
Fergus, ON
N1M 1M6

Waterloo, ON site coming soon!

Name:

CID:



1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

Adult Psychiatry Referral

Cambridge Memorial Hospital

PRIVATE AND CONFIDENTIAL

PSYCHIATRIC SYMPTOMS – Duration of Symptoms:

Please check any that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Depressed Mood | <input type="checkbox"/> Other Anxiety Symptoms | <input type="checkbox"/> Attention Deficit/Hyperactivity |
| <input type="checkbox"/> Elevated Mood | <input type="checkbox"/> Excessive Somatic Symptoms | <input type="checkbox"/> Personality Problems: |
| <input type="checkbox"/> Fluctuating Mood (Mood Swings) | <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Unusual Behaviour |
| <input type="checkbox"/> Suicidal Thoughts/Actions/Behaviours | <input type="checkbox"/> Delusions | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Obsessive Thoughts: | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Other Substance Abuse/ Speciality Drugs: |
| <input type="checkbox"/> Compulsive Behaviours: | <input type="checkbox"/> Disorganized Thought Processes: | |
| <input type="checkbox"/> Phobia(s): | <input type="checkbox"/> Confusion | <input type="checkbox"/> Abnormal Eating Behaviours: |
| <input type="checkbox"/> Panic Symptoms or Attacks | <input type="checkbox"/> Memory Impairment | <input type="checkbox"/> Dev. Disability/Mental Retardation |
| <input type="checkbox"/> Other Current Psychiatric Symptoms: | | |

MEDICAL/PHYSICAL ISSUES

Please check any that apply:

- | | |
|---|-------|
| <input type="checkbox"/> Chronic Pain: | _____ |
| <input type="checkbox"/> Significant Medical/Physical Illness: | _____ |
| <input type="checkbox"/> Physical Symptoms Other Than Chronic Pain: | _____ |
| <input type="checkbox"/> Difficulty coping with physical illness: | _____ |
| <input type="checkbox"/> Medication issues: | _____ |
| <input type="checkbox"/> Other: | _____ |

LIVING ARRANGEMENTS

Please check the person's living arrangements:

- | | | | |
|------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse/ Partner and others | <input type="checkbox"/> Children | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Relatives | <input type="checkbox"/> Non-Relatives | <input type="checkbox"/> Unknown/Service Recipient Declined | |

EMPLOYMENT

Please check the person's employment status:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Independent/Competitive (Self) | <input type="checkbox"/> Independent/Competitive (FT) | <input type="checkbox"/> Assisted / Supportive | <input type="checkbox"/> Alternative Business |
| <input type="checkbox"/> Sheltered Workshop | <input type="checkbox"/> Non-Paid work experience | <input type="checkbox"/> No employment | <input type="checkbox"/> Casual / Sporadic |
| <input type="checkbox"/> No employment of any kind | <input type="checkbox"/> Independent / Competitive (PT) | | |

PHARMACY (if known)

Name: _____

Address: _____

Phone: _____

Fax: _____

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
Guelph, ON
N1E 4J3

67 King St. E.
Kitchener, ON
N2G 2K4

3-9 Wellington St.
Cambridge, ON
N1R 3Y4

234 St. Patrick St. E.
Fergus, ON
N1M 1M6

Waterloo, ON site coming soon!

Name:

CID:



1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

Adult Psychiatry Referral

Cambridge Memorial Hospital

PRIVATE AND CONFIDENTIAL

PSYCHOSOCIAL ISSUES – Symptoms:

Please check any that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Marital/Common-law/Partner Problem | <input type="checkbox"/> Illness in Family Member | <input type="checkbox"/> School Problems |
| <input type="checkbox"/> Separation/Divorce | <input type="checkbox"/> Other Family Problems | <input type="checkbox"/> Work Problems |
| <input type="checkbox"/> Other Relationship Issues | <input type="checkbox"/> Alcohol Abuse in Family Member | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Sexual Problem | <input type="checkbox"/> Past Alcohol Abuse in Self | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Lack of Social Support/Social Isolation | <input type="checkbox"/> Financial Issues |
| <input type="checkbox"/> Anger/Temper Control | <input type="checkbox"/> Physical/Sexual Abuse During Childhood | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Parent/Child Issues | <input type="checkbox"/> Past Physical/Sexual Abuse (Victim) | <input type="checkbox"/> WSIB Issue |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Current Physical/Sexual Abuse (Partner) | <input type="checkbox"/> Insurance Form/Letter to be prepared |
| <input type="checkbox"/> Child Behaviour Problems | <input type="checkbox"/> Other Current Abuse: | <input type="checkbox"/> Other Stressful Events: |

Other (specify): _____

SUPPLEMENTAL INFORMATION

To reduce duplication, information already available in the system is highly valued and should be attached to this referral:

- | | | | |
|---|-----------------------------------|---|-----------------------------------|
| Medical/Psychological/Psychiatric History | <input type="checkbox"/> attached | Other Assessments | <input type="checkbox"/> attached |
| Hospital Discharge Summaries | <input type="checkbox"/> attached | Previous Investigation (e.g. ECG, CT/MRI, Echo) | <input type="checkbox"/> attached |
| Psychiatric Hospitalization(s) | <input type="checkbox"/> attached | Medications List | |
| Recent Laboratory Results | <input type="checkbox"/> attached | | |

CURRENT MEDICATIONS LIST

attached

Specify:

REASON FOR REFERRAL

PURPOSE OF REFERRAL:

- One time consultation for diagnostic clarification and treatment recommendations
- One time consultation for diagnostic clarification only
- One time consultation for treatment recommendations only

CLINICAL QUESTION:

BRIEF DESCRIPTION OF PRESENTING ISSUES:

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
Guelph, ON
N1E 4J3

67 King St. E.
Kitchener, ON
N2G 2K4

3-9 Wellington St.
Cambridge, ON
N1R 3Y4

234 St. Patrick St. E.
Fergus, ON
N1M 1M6

Waterloo, ON site coming soon!

Name:

CID:

Adult Psychiatry Referral
Cambridge Memorial Hospital
PRIVATE AND CONFIDENTIAL



1 844 437 3247

(HERE247)

Call anytime to access
 Addictions, Mental Health
 & Crisis Services

Waterloo-Wellington-Dufferin

RELEVANT MEDICAL HISTORY:

PAST PSYCHIATRIC HISTORY: (Please enclose any previous psychiatric consultations)

OTHER RELEVANT INFORMATION:

ALLERGIES:

HISTORY OF DRUG INTERACTIONS:

HAS THIS PATIENT BEEN A PSYCHIATRIC INPATIENT? Yes No
 IF YES, WHERE AND WHEN?

Completed By: _____

Position: _____

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
 Guelph, ON
 N1E 4J3

67 King St. E.
 Kitchener, ON
 N2G 2K4

3-9 Wellington St.
 Cambridge, ON
 N1R 3Y4

234 St. Patrick St. E.
 Fergus, ON
 N1M 1M6

Waterloo, ON site coming soon!