Mental Health Referral Form

MHR#

Patient

Instructions: **1**.Use Ink & press firmly. **2**. Use an X to indicate your choice(s).

DOB (DD / MM / YYYY) HIN

Physician Gender ☐ M ☐ F

Referral Date (DD / MM / YYYY) Previously Referred ☐ Yes ☐ No Patient's Phone

Referral Initiated By: ☐ Family Physician ☐ Other Primary Care Provider ☐ Family ☐ Other Mental Health Service ☐ Agency ☐ Patient

Referral To: ☐ HSO Counsellor ☐ HSO Psychiatrist ☐ HSO Group

Instructions: **1**. **X** the appropriate box(es) relevant to this episode of care.
2. Place an **X** on the line next to the **Problem Most Responsible for this Referral**

Psychiatric Symptoms

- ☐ Depressed Mood
- ☐ Elevated Mood
- ☐ Fluctuating Mood (Mood Swings)
- ☐ Suicidal Thoughts/ Actions/ Behaviour
- ☐ Obsessive Thoughts
- ☐ Compulsive Behaviour
- ☐ Phobia(s)
- ☐ Panic Symptoms or Attacks
- ☐ Social Anxiety
- ☐ Other Anxiety Symptoms
- ☐ Flashbacks/Other Post-Traumatic Stress Symptoms
- ☐ Excessive Somatic Symptoms
- ☐ Sleep Disturbance
- ☐ Delusions
- ☐ Paranoia
- ☐ Hallucinations
- ☐ Disorganized Thought Processes
- ☐ Memory Impairment/Concentration
- ☐ Confusion
- ☐ Attention Deficit/Hyperactivity
- ☐ Personality Problems
- ☐ Unusual Behaviour
- ☐ Alcohol Abuse in Self
- ☐ Other Substance Abuse in Self
- ☐ Gambling
- ☐ Abnormal Eating Behaviours
- ☐ Learning Disability
- ☐ Developmental Delay (MR)

Psychosocial Issues

- ☐ Marital/Common-Law /Partner Problem
- ☐ Separation/Divorce
- ☐ Other Relationship Issues
- ☐ Sexual Problem
- ☐ Self Esteem
- ☐ Anger/Temper Control
- ☐ Bereavement
- ☐ Parenting Issues
- ☐ Child Behaviour Problem
- ☐ Other Family Problems
- ☐ Illness in Family Member
- ☐ Burden of Caring for Another
- ☐ Menopause - Related Issues
- ☐ Pre-Menstrual Symptoms
- ☐ Pregnancy-Related Issues
- ☐ Alcohol Abuse in Family Member
- ☐ Past Alcohol Abuse in Self
- ☐ Past Substance Abuse in Self
- ☐ Lack of Social Supports/Social Isolation
- ☐ Physical/Sexual Abuse During Childhood
- ☐ Past Physical/Sexual Abuse (Victim)
- ☐ Current Physical/Sexual Abuse (Partner)
- ☐ Emotional/Verbal Abuse
- ☐ Other Current Abuse
- ☐ School Problems
- ☐ Work Problems
- ☐ Motor Vehicle Accident Issues
- ☐ Accommodation
- ☐ Unemployment
- ☐ Financial Issues
- ☐ Legal Issues
- ☐ Other Stressful Events
- ☐ Insurance Form/Letter to be Prepared
- ☐ Legal Letter/Report to be Prepared
- ☐ WSIB Issue
- ☐ Needs Instrumental Assistance

Medical / Physical Issues

- ☐ Chronic Pain
- ☐ Medication Side Effects
- ☐ Physical Symptoms Other Than Chronic Pain
- ☐ Significant Medical/Physical Illness _____
- ☐ Difficulty Coping with Physical Illness

Interventions Requested

- ☐ Assessment
- ☐ Urgent Assessment/Crisis Management
- ☐ Clarification/Confirmation of Diagnosis
- ☐ Individual Counselling/Therapy
- ☐ Marital/Couple Counselling
- ☐ Family Counselling
- ☐ Group Program

Advice Regarding :

- ☐ Management
- ☐ Medication
- ☐ Individual Counselling/Therapy
- ☐ Risk to Self/Others
- ☐ Community Resources
- ☐ Family/Marital Problem
- ☐ Medico-Legal Issues
- ☐ Education re: Illness/Treatment

Current Psychotropic Medication / General Comment

White copy to chart Yellow copy to program   Revised: Nov. 2002