

FAX to 905-631-0513

PLEASE NOTE: *Community Mental Health & Addiction Services* are NOT ABLE TO PROVIDE IMMEDIATE CRISIS SUPPORT IN AN EMERGENCY. If this is an EMERGENCY please call COAST at 1-877-825-9011, or 911, or proceed to the closest EMERGENCY DEPARTMENT.

CLIENT INFORMATION		OHIP#:	
NAME:		PREFERRED PRONOUN:	
DATE OF BIRTH (D/M/Y):		PREFERRED LANGUAGE:	
ADDRESS:	CITY:	PROV:	POSTAL CODE:
PHONE:		EMAIL:	
CAN A DETAILED PHONE OR EMAIL MESSAGE BE LEFT? YES ☐ NO ☐			

REFERRER INFORMATION	
PHYSICIAN NAME:	BILLING #:
PHONE:	FAX:

REASON FOR REFERRAL/WHAT IS THE SPECIFIC QUESTION YOU WANT ANSWERED?

DESCRIBE CURRENT SYMPTOMS/CLINICAL PICTURE PRECIPITATING THIS REFERRAL

HAS THE PATIENT EVER HAD THE FOLLOWING? (mark with an 'X')	YES	NEVER PROMINENT	IF YES PLEASE DESCRIBE
Depressive Symptoms			
Anxiety Symptoms			
Manic/Hypomanic Symptoms			
Psychotic Symptoms			
Post-traumatic Stress Symptoms			
Disordered Eating			
Borderline Personality Traits/Disorder			
Self-Harm (e.g. cutting, burning)			
Suicide Attempt(s)			
Harm to Others			
Psychiatric Hospitalization(s)			

SUBSTANCE USE: YES ☐ NO ☐		Tobacco Use: YES ☐ NO ☐	
SUBSTANCE	QUANTITY	FREQUENCY	IMPACT OF USE
Alcohol			
Marijuana			
Opioids			
Sedatives			
Cocaine/Stimulants			
Other			

PAST/CURRENT MEDICAL/SURGICAL HISTORY	ALLERGIES:

PLEASE INDICATE ALL CURRENT MEDICATIONS (May attach EMR or Pharmacy printout instead)			
Medication	Dose	Duration	Comments (e.g. response, tolerability, etc.)

PLEASE INDICATE ALL PAST MEDICATIONS (May attach EMR or Pharmacy printout instead)			
Medication	Dose	Duration	Comments (e.g. response, tolerability, reason for discontinuation, etc.)

Referral CHECK LIST (Please FAX with Referral) ☐ PHQ-9 & GAD-7 (PATIENT TO COMPLETE) ☐ PSYCHIATRIC CONSULT NOTES ☐ MEDICAL INVESTIGATIONS	→ If referral is URGENT please fax referral and CALL Central Intake Clinician to DISCUSS at 905-632-3737 Ext: 3423 (Urgent refers to clients experiencing acute mental health issues who are likely to present to ED within 24 hours)
We are unable to provide Independent Medical Evaluations for Court, CAS, Forensic or Capacity Assessments.	