

**MENTAL HEALTH AND ADDICTIONS
REFERRAL**

- LGH Emergency (Immediate, 24/7 service) 604.988.3131 loc 4289** **Fax - 604.984.3817**
Emergency intervention, potential need for hospital admission.
- Rapid Access Psychiatric Service (RAPS Clinic) 604.988.3131loc 4513** **Fax - 604.983.6060**
Urgent basis - seen within 72 hr if required, 0800-1800, 7 days per wk, at LGH.
Crisis intervention and stabilization, including psychiatric consultation where appropriate. May be referred to Community MH&A when stabilized.
- PCC – Psychiatric Consultation Clinic (Adult Central Intake) Ph • 604.904.3540** **Fax - 604.904.3542**
One time consult for assessment and/or management advice. Optional group medical visits follow-up.
- Community Mental Health & Addiction Services (Adult Central Intake) Ph • 604.904.3540** **Fax - 604.904.3542**
Non urgent basis –screened within 3 business days and triaged accordingly.
Ongoing assessment and treatment, but not in crisis.

Date: _____

Please send copies of relevant lab and consult report.

Name: _____		DOB (m/d/y) _____		M/F _____	Marital _____
Address: _____		PHN _____			
Note: Clients must live on the North Shore					
Phone: Home _____		Cell _____		Work _____	
Best time to contact: _____		Leave message: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact person (if relevant): _____		Phone: _____		Relationship: _____	
Living Situation: Stable for next 3 months <input type="checkbox"/> Unstable <input type="checkbox"/>		Comments: _____			
Referred by: _____		Phone: _____		Fax: _____	
Family Physician: _____		Phone: _____		Fax: _____	
Reason for Referral: _____					

Brief history / precipitating factors: _____					

Provisional Diagnosis: _____					
Previous psychiatric history: Yes <input type="checkbox"/> No <input type="checkbox"/> Please elaborate or attach notes: _____					

Current Meds: _____					

Substance Use: Current (C) or Past (P)		Alcohol: C <input type="checkbox"/> P <input type="checkbox"/>	Nicotine: C <input type="checkbox"/> P <input type="checkbox"/>	Cannabis: C <input type="checkbox"/> P <input type="checkbox"/>	
Cocaine/Crack: C <input type="checkbox"/> P <input type="checkbox"/>		Opioids: C <input type="checkbox"/> P <input type="checkbox"/>	Stimulants/Crystal Meth: C <input type="checkbox"/> P <input type="checkbox"/>		
Benzodiazepines: C <input type="checkbox"/> P <input type="checkbox"/>		Hallucinogen/Ecstasy/Club: C <input type="checkbox"/> P <input type="checkbox"/>	Other: _____ C <input type="checkbox"/> P <input type="checkbox"/>		
Risk Assessment:		Self-Harm: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Psychotic: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Harm to Others: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>		Insight: Good <input type="checkbox"/> Marginal <input type="checkbox"/> None <input type="checkbox"/>			
Notes: _____					

PLEASE WRITE LEGIBLY