

CURRENT MEDICATION

MEDICATION	DOSE	DURATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ACKNOWLEDGE EACH STATEMENT BELOW BY TICKING THE CORRESPONDING BOX

	Referring General Practitioners/Primary Care Providers will continue serving as the primary of psychiatric care when the patient has been stabilized and completed their term at _____
	Referring specialists will remain involved in care or make alternate care arrangements until care received.

Name(print)

Signature

Date(ddmmyyy)

INCOMPLETE REFERRALS WILL BE SENT BACK TO REFERRAL SOURCE

Please ensure all supporting documentation (i.e. assessment reports, discharge summaries) are included
 CLIENTS WILL NOT BE CONTACTED UNTIL ALL SUPPORTING DOCUMENTS RECEIVED

Helpful resources:

Need a doctor?
 Health Care Connect
www.ontario.ca
 1-866-538-520

Mental Health Crisis Line
www.crisisline.ca
 (613) 722-14 (Ottawa resident)
 1-866-960-991 (Champlain Distric

- Psychosis information:
- www.Help4psychosis.ca
 - www.psychosis101.ca
 - www.earlypsychosis.c
 - www.ementalhealth.ca/

