The Ottawa Hospital
L'Hôpital d'Ottawa

Champlain District Regional
First Episode Psychosis Program
Programme premier épisode de psychose
du district régional Champlain

CHAMPLAIN DISTRICT REGIONAL FIRST EPISODE PSYCHOSIS PROGRAM

REFERRAL FORM

INCOMPLETE REFERRALS WILL BE SENT BACK TO REFERRAL SOURCE

***** CHECK ALL THAT APPLY *****

Inclusion criteria:	Exclusion criteria:
If patient meets all inclusion criteria, *proceed with referral*	If patient has any exclusion criteria, *do not continue with referral*
☐ Aged 16 – 35 years ☐ Patient agrees to referral ☐ First episode of psychosis ☐ Resides within the Champlain District	☐ Psychosis secondary to mood disorder ☐ Psychosis solely due to substance use disorder ☐ Extensive forensics involvement ☐ Intellectual disability

Because it takes time to diagnose the underlying cause of psychosis, On-Track will provide two types of service:

1. **Initial assessment & treatment (typically within 3 months):** Through that assessment phase, On-Track will determine which clients will benefit from rehabilitation in our program and treatment, and which clients should be referred to other more appropriate services. Individuals who do not have a psychotic disorder will not be admitted to the program.

2. **Intensive treatment and rehabilitation services:** Full enrollment in the program will be provided to those individuals who meet our inclusion/eligibility criteria listed above.

***** PLEASE NOTE: *****

1. An incomplete referral form will not be processed.
2. Please ensure all supporting documentation is included with the referral.
3. We do not offer monitoring for potential development of psychosis for those at clinical high risk.
4. We do not provide crisis management support during the referral process or wait list period.

Intake Team / On-track
1355 Bank Street, Suite 208
Ottawa, ON K1H 8K7

Tel (613) 737-8899 ext. 73908 (Intake office)
Tel (613) 737-8069 (Main office/reception)
Fax (613) 737-8318

Patient Information	Referral Source Information
Name	Name
Phone Home: _____ Mobile: _____	Phone Primary: _____ Fax: _____
Address	Address
Language preference ☐ English ☐ French ☐ Other:_____	
Ontario Health Insurance Number (OHIP) _____	Relationship to Patient ☐ Self ☐ Family Member ☐ Family physician ☐ Psychiatrist ☐ Other:_____ Name of Primary Care Provider _____ Is the primary care provider aware of this referral? ☐ Yes ☐ No
Date of Birth (DD-MM-YYYY) Age _____ _____ Gender ☐ M ☐ F ☐ Other:_____ Does patient agree to this referral? ☐ Yes ☐ No A message can be left? (check all that apply) ☐ Yes ☐ No ☐ Home ☐ Mobile ☐ With family member ☐ Other: _____	

Family / Next of Kin / Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____

Address: _____

Please describe psychotic symptoms and approximate date of onset:

Previous psychiatric hospitalizations:

Previous psychiatric treatment:

Substance use history:

Substance _____ Past or Current? _____ Amount/frequency _____

Substance _____ Past or Current? _____ Amount/frequency _____

Substance _____ Past or Current? _____ Amount/frequency _____

Substance _____ Past or Current? _____ Amount/frequency _____

Substance _____ Past or Current? _____ Amount/frequency _____

Has patient recently been hospitalized or assessed by a psychiatrist?

- ☐ No
- ☐ Yes (please include past psychiatric diagnosis & history, available collateral and discharge summary or assessment report)

Current medication:

Medication	Dose	Duration

PLEASE ACKNOLEDGE EACH STATEMENT BELOW BY INITIALING THE CORRESPONDING BOX

	Referring General Practitioners/Primary Care Providers will continue serving as the primary care provider and will assume psychiatric care when the patient has been stabilized and completed their term at *On Track*.
	Referring specialists will remain involved in care or recommend alternate care arrangements until confirmation of enrolment is received.
	The On Track FEPP is a limited duration subspecialty program for up to three years depending on treatment goals and engagement.

Name	Signature	Date

INCOMPLETE REFERRALS WILL BE SENT BACK TO REFERRAL SOURCE
Please ensure all supporting documentation (i.e. assessment reports, discharge summaries) are included with the referral
CLIENTS WILL NOT BE CONTACTED UNTIL ALL SUPPORTING DOCUMENTATION IS RECEIVED

Helpful resources:

Need a doctor?
Health Care Connect
www.ontario.ca
1-866-538-0520

Mental Health Crisis Line
www.crisisline.ca
(613) 722-6914 (Ottawa resident)
1-866-996-0991 (Champlain District)

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