

Champlain District Regional First Episode Psychosis Program Referral Form

REFERRAL SOURCE INFORMATION			
Name:	Organisation:		
Phone Number/Ext:	Address:		
Designation:	Departmental Fax Number:		
Relationship to Patient			
Self			
Family Member/ Friend			
Family Physician			
Psychiatrist			
Other:			

As diagnosing an underlying cause of psychosis could be a lengthy process, OnTrack First Episode Psychosis Program (FEPP) will provide two types of services:

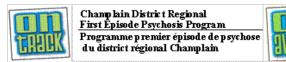
- 1. **Initial assessment (typically within 3 months):** OnTrack will determine which clients will qualify for services in our program and which clients should be referred to other more appropriate services. Individuals who do not have a primary psychotic disorder will not be enrolled to the program.
- 2. **Intensive treatment and rehabilitation services:** This will be provided to those individuals who meet our inclusion/eligibility criteria listed below.

*** PLEASE NOTE: ***

- 1. An incomplete referral form will not be processed.
- Please ensure all supporting documentation are attached to the referral.
- 3. We do not offer a prodromal clinic service.
- We do not provide crisis management support during the referral process or wait list period.

Intake Team / OnTrack | Tel: (613) 737- 8899 ext. 73908 (Intake line) 1355 Bank Street, Suite 208 | Tel: (613) 737- 8069 (Main office/Reception) Ottawa, ON K1H 8K7 | Fax: (613) 737- 8318





Client Information	*** Please Check All That Apply ***
Name:	Inclusion Criteria
Please identify possible means for contacting client including alternate Family/Next of Kin in the section below	Aged 16 – 35 years
Telephone Number: (Home)	Patient agrees to referral
Telephone Number: (Cell)	First episode of psychosis
Does the client consent to voicemail messages?	Resides within the Champlain District
Yes No	Exclusion Criteria
Email address:	Psychosis secondary to mood disorder
	Psychosis solely due to substance use
Address:	disorder.
	Extensive forensics involvement
	Intellectual disability
Date of Birth (DD MM VVVV)	Language Preference:
Date of Birth (DD-MM-YYYY) Age	English French
Gender	Other:
Male Female Other:	Translator required? Yes No
Ontario Health Insurance Number (OHIP)	Name of Patient's Primary Care Provider
	Is the primary care provider aware of this referral? Yes No
Family/Next of Kin/Emergency Contact Info (Please ensur	re this is filled out so we can try all avenues to contact)
Name	
Relationship	
Address	
Phone	
Does the client provide consent to voicemail messages at	t Family/Next of Kin/Emergency Contact, if unable
to reach them directly? Yes No	

Reason For Referral/Treatment Goals:				
Please describe psychotic symptoms and approximate date of onset:				
Has patient recently been hospitalized or assessed by a psychiatrist?				
No				
Yes (please attach past psychiatric diagnosis & history, available collateral and discharge summary or assessment report)				
Previous psychiatric hospitalizations:				
Previous psychiatric t	reatment:			
Substance use history	<i>r</i> :			
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		

Current Medication:				
Medication	Dose	Start Date		
PLEASE ACKNOWLEDGE EA	CH STATEMENT BELOW BY INITIA	ALING THE CORRESPONDING BOX		
The client/patient co	nsents to this referral			
Referral does not guarantee enrolment. Care plans must be in place until enrolment is confirmed (prescriptions, administration of injections, etc.)				
	are Providers will continue serving as care when the patient has been stabil			
The OnTrack FEPP on treatment goals a	is a limited duration subspecialty prog and engagement.	gram for up to three years depending		
NAME (PRINT)	SIGNATURE	DATE (DD-MM-YYY)		
INCOMPLETE R	EFERRALS WILL BE SENT BACK T	O REFERRAL SOURCE		
Please ensure all supporting documentation (i.e., assessment reports, discharge summaries) are included with the referral.				
CLIENTS WILL NOT BE CO	NTACTED UNTIL ALL SUPPORTING	G 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)

Suicide Crisis Helpline: https://988.ca/
988 (Canada-wide helpline)

Psychosis Information:

www.help4psychosis.ca www.psychosis101.ca www.earlypsychosis.ca www.ementalhealth.ca/ https://www.accessmha.ca/











