North Bay Regional Health Centre

Mental Health, Addictions and Seniors' Services
Addictions and Mental Health Division Programs
Central Intake Referral Form

The *Central Intake Referral Form* is used in the District of Nipissing by the North Bay Regional Health Centre's Addictions and Mental Health Division Programs, which are co-located at 120 King Street West, North Bay. Only one completed referral form is needed to apply to any of the services offered. All referrals are sent to a Central Intake office for processing and assessment. Anyone already registered within the hospital programs or other outpatient mental health services is asked to send a current treatment plan with the referral. A call to schedule a telephone assessment or an intake date will be placed shortly after the referral form and all required documents are received by the Central Intake office.

Missing information could result in the referral form being returned for completion, which would delay the referral process.

Please note: If your referral is for addictions treatment, there is additional information required. A *Pre-admission Health Form* must be completed by a Doctor, Nurse Practitioner or a Registered Nurse if request is for Residential or Day Treatment. As well, an *Admission Discharge and Assessment Tools* (ADAT) package, current within six months, must be submitted. To book an ADAT assessment in North Bay, please contact Community Counselling Centre at 705-472-6515 or the Nipissing Detoxification and Substance Abuse Programs at 705-476-6240 extension 6222. Information on locations to complete the Admission Discharge and Assessment Tools for referrals from outside the Nipissing District can be obtained by contacting the addiction treatment service within that area or through the ConnexOntario Drug and Alcohol Helpline at 1-800-565-8603.

Central Intake Referral Forms are available at 120 King Street West or can be mailed upon request.

Mental Health Clinic (MHC) – 705-494-3050

The Mental Health Clinic location offers a variety of community-based mental health supports to people who reside in the District of Nipissing. Services include interdisciplinary mental health counseling, Early Intervention in Psychosis, Eating Disorders Program, Concurrent Disorders, and a Healthy Living Clinic. Currently, the Clinic offers a variety of groups to address issues of Anger Management, Anxiety and Coping Skills, and Psychotherapy Group. Most of the services of the Mental Health Clinic are time-limited.

Nipissing Detoxification and Substance Abuse Programs (NDSAP) – 705-476-6240

Nipissing Detoxification and Substance Abuse Programs is a community-based substance use treatment program that offers a variety of methods of working through substance use, including residential treatment. The focus of therapy is solution-based, highlighting on self-determination and the patients taking responsibility for their life and recovery. This program supports patients in treatment who are already initiated and stabilized on Opiate Maintenance Programs

PLEASE SEND ALL INQUIRIES AND COMPLETED REFERRALS TO

Central Intake c/o Nipissing Detoxification and Substance Abuse Programs
120 King Street West, Unit A, North Bay, ON P1B 5Z7
Phone: 705-476-6240 Ext. 6290 • Fax: 705-476-6136

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***Please complete fully to avoid any delays ***

Name: _____ Marital Status: _____

Date of Birth: (D/M/Y) _____ Gender: ____ Health Card Number: _____

Other or Maiden Name: _____ Mother's Name: _____

Address: _____
Street Apartment City Postal Code

Phone Number: _____

Can a letter be sent to this address? ☐ No ☐ Yes **Can a message be left at this number? ☐ No ☐ Yes**

Primary Language: _____

Family Physician: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

Referral Date: _____ Previously Referred: ☐ No ☐ Yes

Referral Source: _____ Phone Number: _____

Referral Address: _____

Referral Fax: _____ Other Agencies Involved: _____

SERVICES

☐ Addiction Treatment Programs**
☐ Clozapine Therapy Support (attach RHC 1895)
☐ Concurrent Disorders
☐ Continuing Care Program
☐ Early Intervention in Psychosis (attach RHC 2116)
☐ Mental Health Counselling
☐ Recreation Therapy/Healthy Living Clinic
☐ Eating Disorders Program
☐ Groups

Addiction Treatment Programs **require the following documents be submitted with your referral:

1. *Admission and Discharge Assessment* (current within 6 months) Attached? ☐ No ☐ Yes
   (If no, contact local Addiction Agency for completion)

2. *Preadmission Health Form* (RTS and Day Treatment only) Attached? ☐ No ☐ Yes
   (If no, have completed by a Physician or Registered Nurse)

Referrals cannot be reviewed until all required documentation is received.

- Please note that the **Safe Beds** and **Withdrawal Management Service** are 24/7 walk-in services provided at Nipissing Detoxification and Substance Abuse Programs, but neither require a referral.

***Please complete fully to avoid any delays ***

***Referents must have:**

PSYCHIATRIC SYMPTOMS

- ☐ Fluctuating Mood (Mood Swings)
- ☐ Obsessive Compulsive Symptoms
- ☐ Phobia(s): _____
- ☐ Other Anxiety Symptoms
- ☐ Attention Deficit / Hyperactivity
- ☐ Elevated Mood
- ☐ Depressed Mood
- ☐ Sleep Disturbance
- ☐ Delusions
- ☐ Hallucinations
- ☐ Memory Impairment
- ☐ Personality Traits
- ☐ Substance Use
- ☐ Confusion
- ☐ Abnormal Eating Behaviours
- ☐ Panic Symptoms or Attacks

***Which can be complicated by:**

PSYCHOSOCIAL ISSUES

- ☐ Marital / Common-law / Partner Problem
- ☐ Lack of Social Supports / Social Isolation
- ☐ Physical/Sexual Abuse During Childhood
- ☐ Past Physical / Sexual Abuse (Victim)
- ☐ Current Physical / Sexual Abuse Partner)
- ☐ Legal Issues
- ☐ Past Substance Use
- ☐ Current Substance Use
- ☐ Separation / Divorce
- ☐ Anger / Temper Control
- ☐ Bereavement
- ☐ Sexual Problem
- ☐ Financial Issues
- ☐ Housing
- ☐ Parenting Issues
- ☐ Work Problems
- ☐ Self Esteem
- ☐ No Employment

MEDICAL / PHYSICAL ISSUES

- ☐ Difficulty Coping with Physical Illness
- ☐ Cardiovascular Risk
- ☐ Hypertension
- ☐ Significant Medical / Physical Illness: _____
- ☐ Chronic Pain
- ☐ Diabetes
- ☐ Allergies: _____
- ☐ Medication Concerns
- ☐ Smoking
- ☐ Other: _____

ADDICTIONS

Does the patient use illegal drugs or misuse prescription drugs?	☐ No	☐ Yes
Does the patient drink alcohol?	☐ No	☐ Yes
Has either caused the patient problems in their life recently?	☐ No	☐ Yes
Does the patient want to learn more about drug and alcohol treatment?	☐ No	☐ Yes

CURRENT MEDICATIONS

Best Medication Record attached?	☐ No	☐ Yes
Copy of Prescription attached?	☐ No	☐ Yes
Physician's Order attached?	☐ No	☐ Yes
Clozapine checklist RHC1895	☐ No	☐ Yes
Early Intervention in Psychosis RHC2116	☐ No	☐ Yes

COMMENTS/CASE FORMULATION

(What is occurring in this person's life? What is the patient's goal in seeking services?)

Patient initials to confirm agreement with referral. ☐

PLEASE FAX COMPLETED REFERRAL FORMS TO 705-476-6136
or contact Central Intake at 705-476-6240 Ext. 6290

Central Intake is not an emergent service; redirect patient to **Crisis Intervention 1-800-352-1141.**