



Canadian Mental
Health Association
Cochrane-Timiskaming

Association canadienne
pour la santé mentale
Cochrane-Timiskaming

South Timiskaming sud
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SENIORS' MENTAL HEALTH PROGRAM REFERRAL FORM

PATIENT INFORMATION				
First Name		Last Name		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (yy/mm/dd)	Age	Health Card#		Version Code
Address		City	Postal Code	Phone#
Preferred Language	Length of time at current residence:	Lives Alone Yes <input type="checkbox"/> No <input type="checkbox"/> If No specify:		
CAREGIVER INFORMATION				
Next of Kin (First & Last Name)		Relationship	Phone #	
REFERRAL SOURCE				
Family Physician		Phone #	Fax#	
Agencies currently involved: CCAC <input type="checkbox"/> Alzheimer Society <input type="checkbox"/> Mental Health Clinic <input type="checkbox"/> Other (specify):				
Previously Referred: Yes <input type="checkbox"/> No <input type="checkbox"/> When (specify):				
REASON FOR REFERRAL				
CHECK ALL THAT APPLY:				
Change in Mental Status <input type="checkbox"/>		Medication Review <input type="checkbox"/>		
Caregiver Stress <input type="checkbox"/>		Risk to Self <input type="checkbox"/>		
Education Regarding Illness <input type="checkbox"/>		Risk to Others <input type="checkbox"/>		
Other (specify):				
SIGNIFICANT MEDICAL/SURGICAL HISTORY				
PREVIOUS PSYCHIATRIC HISTORY				

Name: _____

PRESENTING PROBLEM	
Is this a new behaviour/problem? Yes No	
Duration: Days Weeks Months Years (please check one)	
CURRENT MEDICATIONS	
ALLERGIES	
ADDITIONAL COMMENTS	
Date	Signature of Referring Physician

Referral Investigation Protocol (done at time of referral or within past 3 months)

- Full medical history and examination
- CBC
- Serum Electrolytes (including calcium, magnesium, magnesium, and phosphorus)
- TSH
- Fasting Blood Sugar
- Serum B12 and Folic Acid
- Liver Profile (AST, ALT, alkaline phosphatase, bilirubin, total protein, albumin)
- Serum Creatinine, BUN
- Serum Drug Levels if applicable (e.g. Digoxin, Lithium, Tricyclic antidepressant, anticonvulsant)
- Urinalysis
- Chest X-ray (within the past year)
- VDRL, HIV (if risk factors)
- Previous CT Scan and MRI reports (if available)

Please attach results of investigations, as well as copies of any relevant consultations.