



Canadian Mental Health Association
 Association canadienne pour la santé mentale
 Cochrane-Timiskaming

South Timiskaming sud
 Box 249/C.P. 249,
 20 rue May Sud / 20 May Street South
 Temiskaming Shores, ON P0J 1P0
 Tel/tél: 705.647.4444
 Fax/télé: 705.647.4434

**COMMUNITY PSYCHIATRY
 REFERRAL: DR. G. FLEURY**

Steps to refer to the community psychiatry hosted by CMHA-CT (New Liskeard):

1. Fax completed and signed referral documentation to CMHA-CT at **Fax: 705-647-4434**
 - Medication List Biopsychosocial Consent with CMHA Previous Psychiatry Reports
2. All psychiatry appointments are to be attended / supported by either counsellor, nurse or physician

Name of worker attending with client:	
Contact information:	

PLEASE NOTE: If a client requires further supports for counselling through CMHA-CT, please complete and sign the *CLIENT REFERRAL FOR CMHA SERVICES* and fax to 705-647-4434.

GENERAL INFORMATION

DEMOGRAPHICS	
First Name:	<i>CHART LABEL (optional)</i>
Last Name:	
D.O.B. (mm/dd/yy):	
HC #:	
Physician:	
Pharmacy:	
ADDRESS:	
CITY: Postal Code:	

Contact #1: Permission to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact #2: Permission to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language(s) spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	

CLIENT REFERRAL CONSENT:		
<i>CMHA requires a signed consent by client in order to discuss this referral.</i>		
Clients being referred for ongoing counselling services are encouraged to call CMHA at (705) 647-4444 and speak with an Access worker in order to explore their needs.		
I, _____ (client name) hereby authorize the _____ and CMHA-CT to exchange information regarding this referral process, case management and any other information to assist in service delivery.		
Witness Signature:	Client Signature:	Date:

BIOPSYCHOSOCIAL

Reason for Referral:

What do you hope to get out of this assessment today? What is the goal for psychiatry?

Psychiatric History:

Diagnoses, past symptoms/episodes, self harm/suicidal behaviours, hospital admissions

Family Psychiatric History:

Diagnoses, illnesses, anyone on meds or been hospitalized

Medication History:

Chronological medication list

Medical History:

Doctor, illnesses, reports

Legal History:

Violent crimes, repeat offences

Substance Use History:

Substances used, patterns

Social History:

Abuse (type, duration, relationship)

Relationships (partner, children, parents, siblings, ages, type of relationship, timelines, losses)

Employment, income, school/education, childhood experiences, relocations, etc.

Spiritual / Culture:

Client Strengths:

Goal oriented, Caring, Strong Willed, Strong work ethic

Current Recovery Plan / Clinician Impressions

Actions: what worked on – offered – tried – failed – succeeded

Referrals; group participation, etc.