

**PLEASE RETURN TO BGH INTAKE FAX 613-342-6020**

**REFERRAL INFORMATION**

Date of Referral (YYYY/MM/DD): \_\_\_\_\_  
 Referring Physician/Referring Source: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Physician Billing Number: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_

**PATIENT INFORMATION**

Identification of First Language:  English  French  Other: \_\_\_\_\_  
 Date of Last In-Person Appointment with Primary Care Provider (YYYY/MM/DD): \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_  
 Preferred Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
 Can messages be left at the phone number:  Yes  No  Comment: \_\_\_\_\_

**SERVICES REQUESTED**

- Psychiatric Consultation (\*Physician referral and OHIP Required)**  
 Lab results required and attached: (CBC, Lytes, Creatinine, AST, ALT, GGT, B12, TSH, Ferratin)  
 Attach previous psychiatric reports (i.e. discharge summary, admission history)
- Assertive Community Treatment Team (ACTT)**  
 Please attach: Medication list, past admission histories, discharge summaries, labs and current Community Treatment Order (CTO) status. discharge summary, admission history)

**REASON FOR REFERRAL (brief description of concerns):**

	RISK FACTORS			CURRENT SITUATION/HISTORY/DIAGNOSIS			
	Yes	No	Comments		Yes	No	Comments
Harm to Self	<input type="checkbox"/>	<input type="checkbox"/>		Psychiatric Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	
Harm to Others	<input type="checkbox"/>	<input type="checkbox"/>		Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Able to Care for Self	<input type="checkbox"/>	<input type="checkbox"/>		Past/Present History with Psychiatrist or Mental Health Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Other Risk Factors i.e. Pregnancy, Post - Partum Gambling, Concurrent Disorders	<input type="checkbox"/>	<input type="checkbox"/>					
Current Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>					