

Outpatient Mental Health and Addiction Services

519-751-5530

Date: _____ Referring Agency: _____

Referring Name: _____ Phone: _____

FAX Referrals To
519-751-5548

Please complete fully including the route to reach you with questions.

We Accept Self Referrals

BCHS Outpatient Mental Health and Addiction Programs

We offer other services and specialty groups that are not listed. At intake, we direct clients to the most appropriate and available service.

- ☐ **Crisis Counselling** (age 18+) (Solution Focused Brief Therapy - 3 sessions)
- ☐ **Early Intervention** (age 16-24)
- ☐ **Early Psychosis Intervention** (age 14-35, psychotic symptoms present for less than 1 year)

Acute Day Treatment and Medication Clinic are accessed by Psychiatrist Order only. Please call (519) 751-5544 Ext: 2657 for more information about these two programs.

Client Last Name		Client First Name		Middle Name	
Address (Street #)		City/Province		Postal Code	
Phone Number(s)					
Gender Identity	Preferred Pronoun	Date of Birth (D/M/Y)	Age		
Email Address				OHIP # including Version Code	
Interested in/prefer Indigenous centred counselling?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Client aware of and / or agrees with referral?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter required?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Can a confidential message be left on voicemail?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is interested in Peer Support		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Family Physician: _____			Phone: _____		
Psychiatrist: _____			Phone: _____		

Referral Criteria: A Mental Health/Addiction Concern/Presenting Concerns: Please check the following area(s) of concern that apply:

- ☐ Depressive Disorder
- ☐ Anxiety Disorder
- ☐ Personality Disorder
- ☐ Bipolar and Related Disorders
- ☐ Schizophrenia Spectrum/other Psychotic Disorders
- ☐ Grief and Loss (not as primary concern)
- ☐ Concurrent Disorders (Addiction + MH concerns)
- ☐ Other:

Please share Clients goals for counselling (Required) :

Current Risk: (High/Moderate/Low) ☐ **Harm to Self** ☐ **Harm to Others**

We respond promptly but not immediately to referrals. If risk level warrants, please access Emergency Services. More details / other concerns:

Clients under age 16, please call Contact Brant: (519) 758-8228. Please contact a psychiatrist's office directly to discuss or make a referral to a psychiatrist. We do not offer forensic assessment or treatment, MVA assessment, or adult ADHD assessment. We are unable to provide assessments for legal, custody, disability, insurance or Workers Compensation issues, Please confirm that this is not a referral for such a consultation. Confirmed

Other Information: (Including reason for referral, involvement with other services/counselling, eligibility for EAP, medications) (Attach relevant documents)

Internal Use: Appt. Date:

Time:

Counsellor: