

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 16+) (Solution Focused Brief Therapy - 3 sessions)
- Early Intervention** (age 17-25)
- 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 No Client aware of and / or agrees with referral? Yes No

Interpreter required? Yes No Can a confidential message be left on voicemail? Yes No

Family Physician: _____ Phone: _____

Psychiatrist: _____ Phone: _____

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

- Depressive Disorder
- Anxiety Disorder
- Personality Disorder
- Bipolar and Related Disorders
- Schizophrenia Spectrum/other Psychotic Disorders
- Situational Stressor Related Disorders
- 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: