

REFERRAL FORM
Centre for Seniors' Medical Psychiatry
150 Sherway Drive, 4th Floor, Toronto ON, M9C 1A5
Tel: 416-521-4057 Fax: 416-521-4177

Client Name: _____
Surname Given Name
 Male Female DOB: (DD/MM/YYYY) _____ Age: _____
 Health Card #: _____ / _____ / _____ Version Code: _____
 Address: _____
 Phone #: () - _____ Alternate #: () - _____

Referral Date: (DD/M/YYYY): _____

Reg/UID#: _____ (Internal Use Only)

CLIENT INFORMATION: Lives With: Alone Spouse/Partner Family Other _____
 Preferred Language: English Other: _____ Interpreter Required? Yes No _____
 Has the client consented to the referral? Yes No

ALTERNATE CONTACT INFORMATION: Person to contact to schedule appointment
 Client Caregiver / Next of Kin _____ Relationship: _____
 Telephone #: () - _____ Alternate #: _____

REFERRAL CRITERIA: Clients ≥ 65 years of age residing in the Mississauga Halton LHIN with:

Any chronic medical condition impacting function AND depressed mood or anxiety

Please indicate the reason for referral? _____

Primary medical condition impacting function: _____

Mental health/mood concern: _____

Please complete PHQ-2 with patient: Over the past 2 weeks, how often have you been bothered by any of the following problems	Not at all	Several Days	More than half of the days	Nearly every day
Low interest of pleasure in doing things -	0	1	2	3
Feeling down, depressed, or hopeless -	0	1	2	3

Please attach any relevant health information:

- Medical /Psychiatric History Recent Hospital Discharge Summary
 Recent Investigations (e.g. diagnostics, labs) Current Medications – Please attach list

REFERRAL SOURCE INFORMATION: Family Physician Nurse Practitioner Other _____
 Name: _____ Signature: _____ OHIP Billing Number: _____
 Preferred method of communication: Please select
 Phone: () - _____ Fax: () - _____ Email*: _____
*Only THP or One Mail accepted as a mode of secure email communication

EXCLUSION CRITERIA:

- Moderate to severe dementia (refer to either Seniors' Services or Seniors Mental Health Services)
- Behavioural and Psychological Symptoms of Dementia (BPSD) such as agitation, aggression (refer to Seniors Mental Health Services)
- Positive psychotic symptoms (refer to Seniors Mental Health Services)
- Active suicidal ideation or attempt within last year (refer to Seniors Mental Health Services)
- Psychiatric admission within last year (refer to Seniors Mental Health Services)
- Falls and / or Continence as primary issues (refer to Seniors' Service)

