

### Overview

- One-time consultation only
- For patients 18 years and older requiring diagnostic clarification and treatment recommendations
- Patients must reside in Waterloo Regional Health Network's catchment area (Kitchener, Waterloo, Wellesley, Wilmot, and Woolwich)
- Valid health insurance required (e.g., OHIP, UHIP, CIHIP, IFHP, private insurance) – in the absence of coverage, patients are billed for services

### The Psychiatric Consultation Clinic does not accept referrals for the following:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Third-party requests (e.g., court assessments, insurance assessments, etc.)

### Referring Provider Information

Physician/NP Name:

Backline Phone:

Fax:

Billing #:

CPSO #:

Signature:

Date:

### Primary Care Provider

Is the referring provider the same as the PCP?

**YES**

**NO**

☐

☐

If no, please provide full name of PCP:

### Patient Information

Legal Name:

Preferred Name:

DOB:

Sex: ☐ Male ☐ Female

Gender: ☐ Man ☐ Woman ☐ Prefer not to say ☐ Other

Personal Pronouns:

OHIP Number:

Version Code:

Street Address:

City:

Province:

Postal Code:

Preferred Phone Number:

Alternate Phone Number:

Does the patient consent for a confidential voicemail to be left? ☐ Yes ☐ No

Email Address:

Does the patient consent to GRH using their email? ☐ Yes ☐ No

Does the patient require translation services? ☐ Yes ☐ No

Language of Origin:

**Clinical Question:**

**Psychiatric Diagnoses**

<input type="checkbox"/>	ADHD - Attention Deficit Hyperactivity Disorder
<input type="checkbox"/>	ASD - Autism Spectrum Disorder
<input type="checkbox"/>	Bipolar Disorder
<input type="checkbox"/>	Depressive Disorders
<input type="checkbox"/>	Intellectual Disability
<input type="checkbox"/>	Neurocognitive Disorders
<input type="checkbox"/>	Personality Disorders
<input type="checkbox"/>	Psychotic Disorders
<input type="checkbox"/>	Substance-Use Disorder
<input type="checkbox"/>	Trauma & Stressor Related Disorders

Other, please specify:

Risk Assessment	PAST	PRESENT	COMMENTS
Suicide Attempts	<input type="checkbox"/>	<input type="checkbox"/>	
Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Harming Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	
Homicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	
Violent Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	
Substance-Use Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Legal System Involvement	<input type="checkbox"/>	<input type="checkbox"/>	

**\*\*Please attach the Cumulative Patient Profile, Medication History, Most Recent Bloodwork, and any Mental Health Records from providers in the community – we do not require WRHN/GRH/SMGH records\*\***