

**Overview**

- Short-term, time-limited involvement for patients 18 years and older who require initiation, adjustment, and monitoring of psychiatric medications
- Upon completion, patients are discharged back to their primary care provider or walk-in clinic
- 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 Short-Term Psychiatry 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**

**YES**

**NO**

Is the referring provider the same as the PCP?

☐

☐

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:

### Reason for Referral

### 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\*\***