

FAX to 905-631-0513

PLEASE NOTE: Community Mental Health & Addiction Services are NOT ABLE TO PROVIDE IMMEDIATE CRISIS SUPPORT IN AN EMERGENCY. If this is an EMERGENCY please call COAST at 1-877-825-9011, or 911, or proceed to the closest EMERGENCY DEPARTMENT.

CLIENT INFORMATION		OHIP#:	
NAME:		PREFERRED PRONOUN:	
DATE OF BIRTH (D/M/Y):		PREFERRED LANGUAGE:	
ADDRESS:	CITY:	PROV:	POSTAL CODE:
PHONE:		EMAIL:	
CAN A DETAILED PHONE OR EMAIL MESSAGE BE LEFT? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERRER INFORMATION	
PHYSICIAN NAME:	BILLING #:
PHONE:	FAX:

REASON FOR REFERRAL/WHAT IS THE SPECIFIC QUESTION YOU WANT ANSWERED?

DESCRIBE CURRENT SYMPTOMS/CLINICAL PICTURE PRECIPITATING THIS REFERRAL

HAS THE PATIENT EVER HAD THE FOLLOWING? (mark with an 'X')	YES	NEVER PROMINENT	IF YES PLEASE DESCRIBE
Depressive Symptoms			
Anxiety Symptoms			
Manic/Hypomanic Symptoms			
Psychotic Symptoms			
Post-traumatic Stress Symptoms			
Disordered Eating			
Borderline Personality Traits/Disorder			
Self-Harm (e.g. cutting, burning)			
Suicide Attempt(s)			
Harm to Others			
Psychiatric Hospitalization(s)			

SUBSTANCE USE: YES <input type="checkbox"/> NO <input type="checkbox"/>		Tobacco Use: YES <input type="checkbox"/> NO <input type="checkbox"/>	
SUBSTANCE	QUANTITY	FREQUENCY	IMPACT OF USE
Alcohol			
Marijuana			
Opioids			
Sedatives			
Cocaine/Stimulants			
Other			

PAST/CURRENT MEDICAL/SURGICAL HISTORY	ALLERGIES:

PLEASE INDICATE ALL CURRENT MEDICATIONS (May attach EMR or Pharmacy printout instead)			
Medication	Dose	Duration	Comments (e.g. response, tolerability, etc.)

PLEASE INDICATE ALL PAST MEDICATIONS (May attach EMR or Pharmacy printout instead)			
Medication	Dose	Duration	Comments (e.g. response, tolerability, reason for discontinuation, etc.)

Referral CHECK LIST (Please FAX with Referral) <input type="checkbox"/> PHQ-9 & GAD-7 (PATIENT TO COMPLETE) <input type="checkbox"/> PSYCHIATRIC CONSULT NOTES <input type="checkbox"/> MEDICAL INVESTIGATIONS	→ If referral is URGENT please fax referral and CALL Central Intake Clinician to DISCUSS at 905-632-3737 Ext: 3423 (Urgent refers to clients experiencing acute mental health issues who are likely to present to ED within 24 hours)
We are unable to provide Independent Medical Evaluations for Court, CAS, Forensic or Capacity Assessments.	

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T ___ = ___ + ___ + ___)

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