

Telepsychiatry is a physician to physician **consultation** service which supports the attending physician, through psychiatric assessment and recommendations, in providing continuing mental health care to the patient in the community in which they live. Medications, if required, are the responsibility of the referring physician. This is not an emergency service. Requests for urgent assessment must be supported by documentation. Triage will be based upon information provided.

Referral Date: _____ Is the referral urgent? YES NO

If Urgent please specify reasons _____

Referral Information

Patient Name: _____ DOB: _____ Gender: _____ PHN: _____

Street Address: _____ City: _____ Postal Code: _____

Parent /Guardian: _____ Phone (hm): _____ Phone (cell): _____

School: _____ Contact: _____ Grade: _____

Living arrangements at the time of referral: (specify if intact or blended family; custodial rights; out of home placement or other relevant circumstances):

Presenting Complaint / reason for referral: (a referral letter is preferred):

Current Medications / Dosages: _____

Relevant Medical History: _____

Family Psychiatric History: _____

Past / current Psychiatric or Mental Health Services: Yes / No

Past Psychoeducational Assessments: Yes / No

If yes, all past consultations, assessments, and discharge summaries **must be included** for this referral to be complete, otherwise the referral will be returned for completion: _____

Mental Health Therapist - Print Name: _____ **Phone:** _____

Referring Physician - Print Name: _____ **PRACID #** _____ **Phone:** _____

Signature: _____ **Fax:** _____

Is referring Physician the Family Physician? No **Family Physician Name:** _____ **Fax Number:** _____

I have explained Telepsychiatry Consultation to the guardian/parent and obtained consent Yes

Enclosed Consent Yes

Fax completed Referral form to: Telepsychiatry Health Service (403) 783-7641

Please note: In addition to Telepsychiatry, mental health therapists working at the community mental health clinic may also access therapist to therapist consultation to facilitate the care they provide through CASA's separate Community Geographic Team (fax: 780-410-8499). Neither service provides continuing care to patients.