

Shaw Clinic Child & Family Services
 (ages 6-18 years)



REFERRAL FORM

Telephone: 905-883-2137 Fax: 905-883-2144

This referral does not access emergency services
 If this is an emergency, please direct your patient to the Emergency Department for an assessment.

PATIENT INFORMATION:

Patient Name: _____ Date of Referral: _____
yyyy/mm/dd

Date of Birth: (yyyy/mm/dd) _____

Address: _____

Telephone #: _____ Alternate Telephone #2: _____

Health Card #: _____

Guardianship Info: Parents Mother (sole) Father (sole) Joint Custody Other: _____

Referring MD: _____ MD Telephone#: _____

MD Billing#: _____ MD Fax #: _____

MD Signature: _____

REASON FOR REFERRAL

DATE WHEN PATIENT WAS LAST SEEN? _____

IS THERE A CURRENT MENTAL HEALTH DIAGNOSIS? NO YES

Please check any of the following mental health issues of concern to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Change in Cognition (e.g. Memory) | <input type="checkbox"/> Decreased interest or avoidance of activities | <input type="checkbox"/> Decreased self care |
| <input type="checkbox"/> Significant anxieties (no fears) | <input type="checkbox"/> Sleep changes | <input type="checkbox"/> Hallucinations (hear, see, feel, taste, smell things) |
| <input type="checkbox"/> Depressed mood/sad | <input type="checkbox"/> Somatic complaint | <input type="checkbox"/> Delusions (bizarre thoughts) |
| <input type="checkbox"/> Suicidal thoughts; recurrent thoughts about death | <input type="checkbox"/> Changes in appetite | <input type="checkbox"/> Flight of ideas / racing thoughts |
| <input type="checkbox"/> Impaired school functioning/ attendance | <input type="checkbox"/> Irritability | <input type="checkbox"/> Suspected alcohol / drug abuse |
| | <input type="checkbox"/> Social withdrawal | <input type="checkbox"/> Developmental disability |

PLEASE LIST ANY CURRENT MEDICATIONS: (Medication / Dose / Duration)

OTHER RELEVANT HEALTH PROBLEMS:



4834

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Please forward recent investigations:
 (E.g. Bloodwork, EKG, Psychological Reports.)

Yes
 Patient has been told to activate this referral by calling the clinic secretary