

Acute Mental Health Services Referral Form

Patient name: _____ Health Card # _____

Address: _____

Phone: (Home #) _____ (Alternate) _____ Leave Message Y N

DOB: _____ Referring Source: _____

Family Physician: _____

Presenting Problem: _____

Psychiatric Consultation

For the purpose of:

Diagnostic Clarification

Medication Recommendation/Review

Comments: _____

Day Hospital

Day Hospital can provide a multi disciplinary approach to group based intervention for acute symptoms of psychosocial stressors or mental illness that interfere with daily living as an alternative to an in-patient admission for a duration of up to three weeks. This program provides intensive treatment Monday to Friday for participants who have enough support to stay at home at night and can travel to the hospital each day.

The multi-disciplinary team consists of an Addiction therapist, Dietitian, Nurse, Occupational therapist, Social Work, Recreation therapist.

Acute Outpatient Service

The Acute Outpatient Service provides short-term clinical intervention and support to people with acute psychosocial distress and/or acute serious or moderately serious mental illness.

Also, AOS offers support to people referred from the Crisis Service as well as people transitioning from Inpatient or Day Hospital Service who need more help in their recovery process.

Referral Date: _____

Signature: _____