❑ **Adult Mental Health**
❑ **Telemedicine Service**
❑ **Specialized Geriatric Services**
BSO ❑ LTC ❑ Community ❑ **IGSW** ❑ **PRC**

OCAN COMPLETED ❑Yes ❑No

CAMHS
Community Addiction & Mental Health Services of Haldimand & Norfolk

FAX: Townsend 519-587-4118 ▪ Simcoe 519-426-3257

CLIENT IDENTIFICATION

Name_____ ❑ M ❑ F Date of Birth (DD/MM/YR) _____

Address_____ City_____ Postal Code_____

Current Living Arrangements: ❑ Living Alone ❑ family ❑ spouse ❑ other_____

Telephone_____ Alternate phone _____ ❑ No Phone Available

Health Card # _____Version Code_____ Family Doctor_____

FAMILY CONTACT INFORMATION (please fill out for Geriatric Referrals)

Name_____ Relationship_____ Phone_____

Address_____ Alternate Phone_____

SYMPTOMS: (please check all that apply)

❑ current suicidal ideation/plan
❑ acute confusion
❑ change in energy level
❑ change in speech/behavior
❑ change in sleep pattern
❑ falls/instability/dizziness
❑ hallucinations
❑ feelings of hopelessness/worthlessness
❑ intrusive repetitive thoughts
❑ excessive irritability/agitation
❑ loss of interest
❑ memory impairment
❑ paranoid thoughts/delusions
❑ past suicide attempt(s)
❑ racing thoughts
❑ sadness/depressed mood
❑ wandering/exit seeking
❑ worries excessively/panic attacks

PSYCHOSOCIAL ISSUES:

❑ anger/temper
❑ bereavement
❑ caregiver burden/stress
❑ CAS involvement
❑ financial issues
❑ housing issues
❑ legal issues
❑ marriage/relationship
❑ school/work problems

❑ **Addiction Issues:** Current substance use (specify) _____
Gambling Issues ❑ Previously Attended Addiction Services ❑

Is accessing EAP (Employment Assistance Program) an option: ❑ Yes ❑ No ❑ Unknown
Is the client known to CCAC (Community Care Access Centre): ❑ Yes ❑ No ❑ Unknown

Previous Psychiatric Treatment/Diagnosis:

Current Medications:

Significant Medical Problems (details):

Reason for Referral: ❒ **Diagnosis and Treatment Plan** } ***Doctor's signature***
❒ **Medication Assessment** } ***required***
❑ Counseling only

Referring Doctor: (please Print) Billing # *Signature (required)* Date

FAILURE TO PROVIDE ADEQUATE INFORMATION DOES DELAY THE REFERRAL PROCESS

Please Note: because of the volume and complexity of patients referred to our clinic, we cannot assume any medical or legal responsibility for their healthcare while they are waiting consultation