



SHARED MENTAL HEALTH
Mental Health Outpatient Programs - St. Joseph's Care Group
REFERRAL FORM

URGENT
Please complete and fax to 624-3523

Name:
Health Card#:
DOB:
Phone Number:
Apply Sticker

Fort William Clinic
Port Arthur Health Centre
Anishnawbe Mushkiki
Other:
Family Physician:
Date:

Previously Referred: Yes / No Referral to: Clinician (Counsellor) Psychiatrist Other:

Other Services used in the past year: TBRHSC Inpatient Outpatient SJCG/LPH Inpatient Outpatient Other:

PRESENTING PROBLEM(S): 1. PLEASE CIRCLE ONE PROBLEM MOST RESPONSIBLE FOR THIS REFERRAL.
2. Please appropriate boxes relevant to this episode.

MENTAL HEALTH ISSUES

Mood Disorders

- Depressed Mood
Elevated Mood
Suicidal Thoughts/Actions/Behaviours
Fluctuating Mood (Mood Swings)
Self Harm

Somatic Disorders

- Sleep Disturbance
Excessive Somatic Symptoms
Sexual/Gender Identity

Anxiety Disorders

- Obsessive Thoughts
Compulsive Behaviour
Phobia(s)
Panic Symptoms or Attacks
Other Anxiety Symptoms

Psychotic Disorders

- Delusions
Hallucinations
Disorganized Thought Process

- Personality Problems:
Unusual Behaviour
Abnormal Eating Behaviours:
Learning Disability
Mental Retardation/Development Disability
Other Current Psychiatric Symptoms:

PSYCHOSOCIAL ISSUES

- Marital/Common-law/Partner Problem
Separation/Divorce
Other Relationship Issues
Sexual Problem
Self Esteem
Anger/Temper Control
Bereavement/Loss
Parenting/Child Issues
Child Behaviour Problems
Illness in Family Member

- Other Family Problems
Alcohol Abuse in Family Member
Current Alcohol/substance Abuse in Self
Past Alcohol/substance Abuse in Self
Lack of Social Supports / Social Isolation
Past Physical/Sexual/Emotional Abuse
Current Physical/Sexual/Emotional Abuse
Motor Vehicle Accident Issues
Accommodation
Pregnancy Related Issues

- School Problems
Work Problems
Unemployment
Financial Issues
Legal Issues
Insurance Form/Letter To Be Prepared
Legal Letter/Report To Be Prepared
WSIB Issue
Needs Instrumental Assistance
Other:

MEDICAL/PHYSICAL ISSUES

- Chronic Pain:
Physical Symptoms Other Than Chronic Pain:

- Significant Medical/Physical Illness (List):

- Difficulty Coping with Physical Illness
Medication Issues
Other:

DIAGNOSTIC IMPRESSIONS:

General Comments:

Table with 3 columns: Current Psychotropic Medications, Dosage, Date Started

Referrer/Physician/Agency: Signature:

REVIEWED BY: (initials) DATE: DISPOSITION: Indirect A&C MHP Other: