Prime Mental Health Services | # Referral Form

Prime Mental Health Services

647-819-8173
intake@primementalhealthwellness.ca
primementalhealthwellness.ca

Please complete and return the form

PLEASE FILL AND PRINT CLEARLY

For requests made an intake manager will contact the client within 72 hours of submitting the form.

Referral source information

Referral source type: ____________ Date of referral: ____________

Referral contact name: ____________

Phone and extension: ____________ Fax number: ____________

Full address: ____________

Postal code: ____________

Client information

First name: ____________ Last name: ____________

Date of birth (month/day/year): ____________ Health card number: ____________

Address: ____________

City: ____________ Postal code: ____________

Phone (primary): ____________ Phone (alternative): ____________

Client Email: ____________

Gender: ☐ Male ☐ Female ☐ ____________

Age at onset of mental illness: ____________ Age of first psychiatric hospitalization: ____________

Reason for most recent hospital visit/admission: ____________

Reason for referral:

Psychiatric and medical diagnoses

○ **Does client give permission for Prime Mental Health Services to text, leave a message or email**

Diagnostic category

- ☐ Borderline Personality Disorder (BPD)
- ☐ Sleep Disorders
- ☐ Post Traumatic Stress Disorder (PTSD)
- ☐ Suicidal Thoughts and Behaviors
- ☐ Homicidal Thoughts and Behaviors
- ☐ Self-Harm Behavior
- ☐ Anxiety Disorder
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Anger and Anger Management
- ☐ Psychosis
- ☐ Social Anxiety Disorder
- ☐ Oppositional Defiant Disorder (ODD)
- ☐ Depression
- ☐ Seasonal Affective Disorder (SAD)
- ☐ Postpartum Depression
- ☐ Panic Attacks and Panic Disorder
- ☐ Specific Phobias
- ☐ Stress
- ☐ Learning Disabilities
- ☐ Mood Disorder
- ☐ Schizophrenia
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Fetal Alcohol Spectrum Disorder (FASD)
- ☐ Generalized Anxiety Disorder (GAD)
- ☐ Bipolar Disorder
- ☐ Grief and Bereavement
- ☐ Narcissistic Personality Disorder
- ☐ Drug Addictions
- ☐ Sex Addiction
- ☐ Alcohol Addiction
- ☐ Gaming Addiction
- ☐ Gambling
- ☐ Eating Disorders
- ☐ Bipolar Affective Disorder
- ☐ Dissociation and Dissociative Disorder
- ☐ Psych-affective
- ☐ Conduct Disorder

Risk factor (check all that apply)

- ☐ Command hallucinations
- ☐ Danger to others
- ☐ Danger to self
- ☐ Impulsive behavior
- ☐ Medication compliance
- ☐ Poor social support
- ☐ Suicide attempts
- ☐ Suicidal ideation
- ☐ Violent intention

- [ ] Fears consequences
- [ ] Homicidal thoughts
- [ ] Risk of falls
- [ ] Self-harm
- [ ] Willing to accept help
- [ ] Substance Use
  Specify: ____________________

Notes:

Service requested

Please select **ONE** service only. See the website for service criteria

- [ ] Cognitive Behavioral Therapy (CBT)
- [ ] Dialectical Behavioral Therapy (DBT)
- [ ] Acceptance and Commitment Therapy
- [ ] Solution-Focused Therapy
- [ ] Exposure Therapy
- [ ] Mindfulness-Based Cognitive Therapy
- [ ] Art Therapy
- [ ] Trauma-Focused-Cognitive Behavioral Therapy
- [ ] Anger Management Session
- [ ] Structured Mental Health Counselling
- [ ] Marriage Counselling
- [ ] Spiritually Integrated Psychotherapy
- [ ] Emotionally Focused Therapy
- [ ] Sex Therapy
- [ ] Multi-systemic Therapy
- [ ] Narrative Therapy

Note: Prime Mental Health Services will assess the needs of the client and determine which service is the most appropriate for the individual.

○ Client has verbally consented to the disclosure of their personal health information for the purpose of a referral to Prime Mental Health Services.

○ I agree to receive fax and/or email communication about this referral from Prime Mental Health Services.