1.0 Form Purpose:
The purpose of the Centralized Psychiatric Consultation Service for Adults Referral Form is:

1.1 To record patient’s demographic and personal health information for the purpose of obtaining a non-urgent psychiatric consultation.

1.2 The information on the form is utilized for triage of the referral.

2.0 Definitions:
2.1 N/A

3.0 Used By:
3.1 Primary care providers which include family physicians and nurse practitioners.

4.0 Guidelines for Completion:
4.1 Access and print form.
4.2 The referral form has many prompts and options. Read the instructions carefully and complete ALL the sections.
4.3 Gather required information from the patient, as well as collateral sources.
4.4 Ensure patient is in agreement with the referral and is aware of the process.
4.5 Forward copies of all pertinent health information, as required. Consent for Release of Information may be necessary to obtain records.
4.6 Sign and fax the form to the Centralized Psychiatric Consultation Service at 204-787-4879 at the Health Sciences Centre.

5.0 Filing/Routing Instructions:
5.1 Both the sender and the recipient of the referral keep a copy of all referral forms for filing in the correspondence section of the patient’s health record, according to their specific program standards.
5.2 The form is faxed, marked as delivered to the receiving person/program.
5.3 If mailed or delivered, a copy is made and retained by the sender for filing in the patient’s health record.