**CMHA VIRTUAL CARE PSYCHIATRIC CLINIC**

 **REFERRAL FORM**

Please fax to CMHA HKPR **VIRTUAL CARE PSYCHIATRIC CLINIC**

Fax: **705-748-5649** Attn: Jill Staples/Wendy Braund Phone: 705-748-6687 ext. 1034/1035

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| **REFERRING PHYSICIAN INFORMATION** |
| **Referring Physician**Name        | **Work Phone Ext.**        | **Alternate Phone**      | **Fax Number**       | **Referring Physician is same as** **[ ] Consultant****[ ] Family Physician** |
| **Prov. Billing #:**       |
| **Street Address**      | **City**      |

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| **Province** | **Postal Code**      |

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| **APPOINTMENT INFORMATION**  |
| **Primary Service (Specialty)****PSYCHIATRY** | **Consultant**Name  | **Priority of Appointment****[ ]** Elective[ ]  Urgent/Emergent | **Diagnosis if known or suspected:**      |  |
| FOR OFFICE USE ONLY **Event Date:**       **Event Time:**       | **Patient Preferred Site**PETERBOROUGH COMMUNITY TELEMEDICINE CLINIC  **5355-02** |
|  **Reason for Referral (including current list of medications):** **Special Requirements for the Patient and appointment (Patient mobility, oxygen requirements, etc.)** |

and appointment Details (If consultant is identified, please attach relevant reports including current list of

medications.)

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|  **PATIENT INFORMATION** |
| **Name**  | **Date of Birth** **(DDMMYYYY)** | **Age** | **Sex****[ ] M****[ ] F****[ ] OTHER** | **Prov. Health Card#:** |  | **Version Code** |
| **Home Phone** | **Alternate Phone Ext.** | **Effective date:** | **Expiry date:** |
| **Street Address** | **City** | **Province** | **Postal Code** |
| **Contact Preference** | **Alternate Contact****Name**  | **Phone Ext.** |
|       |
| **REFERRING AGENCY NAME:**      | **Worker :**      | **Email:** | **TELEPHONE:**      | **FAX:**      | **REFERRAL DATE:** |

**Signature of Referring Physician / Medical Professional DATE:**

Note: The information contained in this form is confidential. It contains personal health information that is subject to the provisions of the *Personal*

*Health Information Protection Act*, 2004. This form and its contents should not be distributed, copied or disclosed to any unauthorized persons.