

3G- Child and Youth Mental Health Inpatient Unit Referral Form

This referral form must be accompanied by a psychiatric consultation note including all details outlined below and the applicable certification forms (ie. Form 1, Form 3) and Form 10 or the referral will be considered incomplete.

Patient name: _____ Age: _____ DOB: _____ HC# _____

Address: _____ Next of Kin: _____

Primary reason for referral: _____

Certification status: Voluntary Involuntary Form expiry date : _____ *(include copy of form with referral)

Is this an emergent or elective admission referral? Emergent Elective

If elective, who is the identified contact person (ie. guardian)? _____

Contact phone number: _____

Community care provider contact info: _____

What is the patient's discharge environment? _____

Is discharge environment ready and willing to take patient back? _____

Is there child protection agency involvement? Yes No

If yes, please identify nature of involvement and provide primary child protection contact: _____

Is the patient medically cleared? Yes No

In the last 48 hours, has there been the need for any type of restraint? Yes No

Please describe: _____

Psychiatric consultation and documentation must be completed by a psychiatrist within *48 hours of referral and include:

- Primary reason for referral
- A mental health history
- Current mental status
- Identification of acute risks
- Need for hospitalization
- Goals of admission to 3G
- Relevant medical information (beyond medical clearance)

*If transfer is delayed, documentation of a psychiatric reassessment every 48 hours is required

Referral submitted by: _____

Contact person for referral coordination and contact information: _____

Psychiatrist signature: _____

Please note: All referrals are reviewed for clinical appropriateness, taking into consideration the patient's needs, presenting problem, reason for referral, goals of admission, and current environmental state of 3G (unit milieu).

Please fax all documents to 905 577 8499 and one of our staff members will be in touch with you.

If you have any questions or concerns, please refer to the 3G-Child and Youth Mental Health Inpatient Referral Standards for further details or call 905 521 2100, ext. 72800. Thank you.