Addiction Services
of Thames Valley | Services de toxicomanie de Thames Valley

FRENCH LANGUAGE TELEPSYCHIATRY SERVICES (FLTS) PATIENT REFERRAL FORM

Physician Consultation/ Referral Letters Accepted in Lieu of Referral Form
Information Requested on Referral Form Should be Included or Attached

Date (dd/mm/yyyy):_____

Type of appointment: □ New Patient Consultation □ Follow-up consultation

Patient/Client information	Referring Source information
Name:	Name:
Date of Birth (dd/mm/yyyy):	Check one: □ Family Physician □ Nurse Practitioner □ Psychiatrist □ Other (specify) _____
Male □ Female □ Other □	
Patient aware of Referral: □ yes □ no	
Client Canadian Born: □ yes □ no Date of arriving in Canada	
Client's source of income: Current employment if employed: Living arrangement: If living in a facility, facility name:_____ Admit date:_____	
Substitute Decision Maker Name/Next of Kin: Parent's Names (if under 12): Address (if different from patient): Phone Number:	
Current phone number: Alternate or preferred phone number:	Phone Number: Fax Number:
Address:	Address:
Health Card Number: Version Code: Expiry Date (dd/mm/yy):	OHIP Billing Number:
If known, patient's pharmacy name and phone number:	

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Patient Name:_____
OHIP Number #: _____

1. Reason for Referral:
2. Relevant Present and Past History:
3. Relevant Physical Findings, Test Results, All Current Medications:

To reduce duplication, information already available in the system is highly valued and should be attached to the referral:

Medical/ Psychological/ Psychiatric History	□ attached	Other assessments	□ attached
Hospital discharge summaries	□ attached	Previous Investigation (e.g. ECG, CT/MRI, Echo)	□ attached
Psychiatric Hospitalization(s)	□ attached	**Medications (please attach list)**	□ **attached**
Recent Laboratory Results	□ **attached**		

ADDITIONAL INFORMATION / NOTES
(e.g. additional medical history, comments about medications, potential safety concerns, other health care providers involved in the care of the patient, other comments)

Completed by (print name):_____ Date (dd/mm/yyyy):_____

Signature: _____

Please complete the **two pages** and fax completed form to fax: 519 673-1022

Please fax completed form to Fax: 519 673-1022 (this is a secure fax line)
For any question or concerns, please call: 519 673-3242 ext 274 or 519 673-3242 ext 271