South Eastern Ontario Addictions & Mental Health Service Access Form

Please check one of the	ie toliowin	g:							
AMHS-HPE +		n Outpatient ervices	AMHS-KFLA		LANARK COUNTY	LLG-	AMHS	REGIONAL TERTIARY	
QHC Outpatient Counselling Open Line Open Mind Tel: 310-OPEN Fax: 613-961-2528	Tel: 613-549 Fax: 613-549 Hotel C MH Se	Dieu Hospital, rvices	Kingston & Frontena Tel: 613-544-1356 Fax 613-544-2346 Lennox & Addington Tel: 613-354-7521 Fax: 613-354-7524	ac	Lanark County Mental Health Tel: 613-283-2170 Fax 613-283-9018	1- 866-49	342-2262	Providence Care, Mental Health Services Tel: 613-546-1101 Fax: Please see	
		544-3400 x2551 -548-6095						below	
REFERRAL SOURCE									
Agency / Source:			Telephone:						
					Fax:				
Date of Referral (yyyy/mm/dd): / /					Physician Billing #:				
Identification of first language: □ English □ French □ Other:					☐ Check here to indicate that we can contact the most appropriate service for your client and redirect the referral				
					☐ Check here to indicate that information can be shared with GP				
CLIENT INFORMATION									
Name:					Family Physician / Psychiatrist: (if different from referrer)				
Address:									
City: Postal Code:					Telephone (direct):				
Preferred Contact #: Alternate Contact #:					Address:				
Can message be left at this number?					Health Card #: V-code: Exp. Date (yy/mm): /				
 ☐ Community Addictions or Mental Health Support Services ☐ Personality Disorder Service (Fax: 613-542-1400) ☐ Mood Disorder Specialty Outpatient (Fax: 613-540-6114) ☐ ACTT & Case Management (Fax: 613-540-6139) ☐ Community Treatment Order Program (Fax: 613-540-6139) ☐ Dual Diagnosis Consultation Outreach Team (Fax: 613-530-2212) Comments (please attach any relevant information regarding psychiatric diagnosis, medical conditions, medications, etc.): 									
	RISK	FACTORS			CURRENT S	ITUATION /	HISTO	PRY / DIAGNOSIS	
	Yes	No	Comments			Yes	No	Comments	
Harm To Self				P	sychiatric Diagnosis				
Harm To Others				М	edications: (attach lis	it)			
Inability To Care For S	Self								
Financially Incapable				M	edical Conditions:				
Other Risk Factors i.e. Pregnancy, Gambling Concurrent disorders Current Legal Issues	1,				ast / present involven ith MHA or other ager				
CONSENT									
Consent for Service Verbal ☐ Signed ☐ Note: Please append signed consent forms Consent for Disclosure Verbal ☐ Signed ☐									
Referral Taken By: (pr	int name)								
Referral Taken By: (signature) Date (yyyy/mm/dd):									