

CHILD and YOUTH MENTAL HEALTH REFERRAL

CHILD AND YOUTH MENTAL HEALTH PROGRAM – KHSC (HDH Site)

PHONE: 613-544-3400 ext. 3406 | FAX: 613-544-7623 | EMAIL: CYMHIntake@KingstonHSC.ca

Date of Referral: _____ (yyyy/mm/dd) Doctor or Nurse Practitioner (print): _____

Telephone: _____ Family Health Team (if applicable): _____

Name of child/youth (print): _____ Date of Birth: _____ (yyyy/mm/dd)

OHIP: _____ - _____ Telephone (Home/Mobile/Work): _____

Address: _____

Caregiver/Parent: _____ Relationship: _____

Email: _____ Email consent provided: Yes No

Preferred Method of Contact: Phone Email Other: _____

Is the parent or youth aware that this referral has been made? Yes No Chart Number: _____

Patient resides in following county: Hastings Lanark Leeds & Grenville Northumberland Prince Edward

If you are a health care practitioner in **Kingston, Frontenac, or Lennox & Addington (KFL&A)** please complete a referral through our Centralized Mental Health Triage Link via the Maltby Centre by: **Phone:** 613-546-8535, **Fax:** 613-546-3881 or **Email:** CYMHTriage@maltbycentre.ca

Presenting Concern/Reason for Referral (please provide as much detail as possible):

Any relevant Medical or Psychiatric History:

Current Medications (please include herbal supplements, prescriptions non-prescription medication or naturopathic remedies):

Any previous or current psychiatric/community mental health involvement (please provide as much detail as possible):

I have attached previous psychiatric reports, psychoeducational testing or other relevant assessments

- ✓ Please consider accessing your local Children's Mental Health Services first prior to making a referral, or if your patient is in crisis to your local ER.
- ✓ Please advise your patients that appointments are prioritized based on acuity, there is a wait list for services, and we provide assessment and short-term intervention. Your patient may be seen by a Psychiatrist, Resident, Fellow, Allied Health Clinical Team Member or Students/Learners.