

**Kingston Health  
Sciences Centre**

Centre des sciences de  
la santé de Kingston



**Heads Up! Early Psychosis Intervention Program  
Hotel Dieu Hospital site**

Serving Frontenac, Lennox & Addington, Hastings,  
Prince Edward, Lanark, Leeds & Grenville Counties

**Please fax referral to: 613-545-1364**

**Attn: Samantha Cybulskie, Program Secretary**

**Client Information**

Name:  
Address:  
  
Date of Birth (dd/mm/yy): \_\_ / \_\_ / \_\_  
Telephone (home):  
Telephone (work):  
Alternate contact person (name):  
Alternate contact person (phone #):  
Health Card #:  
Health Card Version code:  
May we contact the client directly?  Yes  No  
Can a detailed message be left?  Yes  No  
Any Communication barrier?  Yes  No  
Please specify:

**Referral Agent Information**

Date of Referral:  
  
Agency / Source:  
Telephone:  
Fax:  
Family Physician / Psychiatrist: (if different from above)  
Name:  
Telephone (direct): \_\_\_\_\_  
  
Legal Status: \_\_\_\_\_  
Substitute Decision Maker: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number:

**Reason for the Referral:**

**CURRENT SITUATION**

Current working psychiatric diagnosis

Current mental health / psychiatric contacts  None  
/ community supports (please describe)

Current medical conditions  None  
(please describe)

Current medications (please describe)  None

**PSYCHIATRIC HISTORY**

Previous diagnoses  None

Previous **out-patient** mental health  None  
and/or addiction treatment (please describe)

Previous **in-patient** psychiatric admissions  
 Yes  No  
(please describe)

**Signature:**  
(of Referral Source)

**Date:**

**Note:** 1) Signature acknowledges that this referral will be assessed by one of the Heads Up or FLA Access Coordinators  
 check here to indicate that we can contact the most appropriate service for your client, and redirect the referral  
2) **Please append/forward any relevant consultation reports/discharge summaries.**