Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

CHILD and YOUTH MENTAL HEALTH REFERRAL

PHONE: 613-544-3400 ext. 3406 or ext. 2085 **| FAX:** 613-544-7623

If you are a health care practitioner in KFL&A please submit a referral through our Centralized Triage with the Maltby Centre website's Connect Now link with the KFL&A Service Request Form button.

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

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

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

Caregiver/Parent: _____ **Relationship:** _____

Email: _____ **Email consent provided:** ☐ Yes ☐ No

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

Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Other: _____

Is the parent aware this referral has been made? ☐ Yes ☐ No **Is the youth aware?** ☐ Yes ☐ No

Have there been any previous Psychiatric Hospitalizations? ☐ Yes ☐ No ☐ Unknown

Have any medications been trialed for these Mental Health concerns? ☐ Yes ☐ No

Current Medications
Details of previous Medical or Psychiatric History (Include Family history):
Any previous or current psychiatric/community mental health involvement (please provide as much detail as possible)**:**
Presenting Concern/Reason for Referral (please provide as much detail as possible)**:**

✓ **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.**