

Heads Up! Early Psychosis Intervention Program

Hotel Dieu Hospital site, Kingston Health Sciences Centre
(613) 544 – 3400 extension 22550

Please fax referral to 613-545-1364

Eligibility Criteria:

- Age: 14-35 years old
- Diagnoses: nonaffective, affective or substance-induced psychosis (within the last 5 years)
- Exclusion of diagnoses of psychosis secondary to medical conditions (including Acquired Brain Injuries), or those who have already received more than three years of early psychosis treatment

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 / community supports (please describe) None

Current medical conditions (please describe) None

Current medications (please describe) None

PSYCHIATRIC HISTORY

Previous diagnoses None

Previous **outpatient** mental health and/or addiction treatment (please describe) None

Previous **inpatient** psychiatric admissions (please describe)
 Yes No

Signature:

(of referral source)

Date:

Physician/NP Billing No:

Note: 1) Please append/forward any relevant consultation reports/discharge summaries.

2) 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