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

Hôpital Hotel Dieu Hospital | KGH Hôpital Général de Kingston General Hospital

Heads Up! Early Psychosis Intervention Program

Hotel Dieu Hospital site, Kingston Health Sciences Centre
Serving Frontenac, Lennox & Addington, Hastings, Prince Edward, Lanark, Leeds & Grenville Counties

Please fax referral to 613-545-1364

CLIENT INFORMATION	**REFERRAL AGENT INFORMATION**
Name:	Date of Referral:
Address:	Agency/Source:
	Telephone:
Date of Birth (dd/mm/yy): __ / __ / __	Fax:
Telephone (home):	
Telephone (work):	Family Physician / Psychiatrist: (if different from above)
Alternate contact person (name):	Name:
Alternate contact person (phone #):	
Health Card #:	Telephone (direct):
Health Card Version code:	Legal Status:
May we contact the client directly? ☐ Yes ☐ No	Substitute Decision Maker:
Can a detailed message be left? ☐ Yes ☐ No	Address:
Any Communication barrier? ☐ Yes ☐ No	
Please specify:	Telephone Number:

Reason for the Referral:

CURRENT SITUATION	**PSYCHIATRIC HISTORY**
Current working psychiatric diagnosis	Previous diagnoses ☐ None
Current mental health / psychiatric contacts / community supports *(please describe)* ☐ None	Previous **outpatient** mental health and/or addiction treatment *(please describe)* ☐ None
Current medical conditions *(please describe)* ☐ None	Previous **inpatient** psychiatric admissions *(please describe)* ☐ Yes ☐ No
Current medications *(please describe)* ☐ None	

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