

## CHAMPLAIN DISTRICT REGIONAL FIRST EPISODE PSYCHOSIS PROGRAM

### REFERRAL FORM

**INCOMPLETE REFERRALS WILL BE SENT BACK TO REFERRAL SOURCE**

<p><b>Inclusion criteria:</b> If patient meets all inclusion criteria, proceed with referral</p>	<p><b>Exclusion criteria:</b> If patient has any exclusion criteria, <u>do not continue with referral</u></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> AGED 16 – 35 YEARS</li> <li><input type="checkbox"/> PATIENT AGREES TO REFERRAL</li> <li><input type="checkbox"/> SYMPTOMS OF PSYCHOSIS</li> <li><input type="checkbox"/> SIX MONTHS OR LESS OF ANTIPSYCHOTIC TREATMENT</li> <li><input type="checkbox"/> RESIDES WITHIN THE CHAMPLAIN DISTRICT</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> PSYCHOSIS SECONDARY TO MOOD DISORDER</li> <li><input type="checkbox"/> PSYCHOSIS DUE TO SUBSTANCE USE DISORDER</li> <li><input type="checkbox"/> EXTENSIVE FORENSICS INVOLVEMENT</li> <li><input type="checkbox"/> DEVELOPMENTAL DELAY</li> </ul>

Because it takes time to diagnose the underlying cause of psychosis, On-Track will provide two types of service:

1. **Initial assessment & treatment (typically within 3 months):** Through that assessment phase, On-Track will determine which clients will benefit from rehabilitation in our program and treatment, and which clients should be referred to other more appropriate services. Individuals who do not have a psychotic disorder will not be admitted to the program.
2. **Intensive treatment and rehabilitation services:** This will be provided to those individuals who meet our inclusion/eligibility criteria listed above.

**\*\*\* PLEASE NOTE: \*\*\***

1. An incomplete referral form will not be processed.
2. Please ensure all supporting documentation is included with the referral.
3. We do not offer a prodromal clinic service.
4. We do not provide crisis management support during the referral process or wait list period.

**Intake Team / On-track**  
1355 Bank Street, Suite 208  
Ottawa, ON K1H 8K7

Tel (613) 737-8069 (Main office/reception)  
Tel (613) 737-8899 ext. 73908 (Intake office)  
Fax (613) 737-8318

[FEPPintake@toh.ca](mailto:FEPPintake@toh.ca)



REASON FOR REFERRAL/TREATMENT GOALS:

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SYMPTOM PROFILE: (check all that apply)

DESCRIPTION

DATE OF ONSET

- DELUSIONS
- HALLUCINATIONS
- DISORGANIZATION OF THINKING AND BEHAVIOUR
- FUNCTIONAL DECLINE
- APATHY, DECREASED MOTIVATION

DESCRIPTION	DATE OF ONSET
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBSTANCE USE:

- CANNABIS USE, FREQUENCY & AMOUNT
- STIMULANT, TYPE & FREQUENCY
- HALLUCINOGENS, TYPE & FREQUENCY
- ALCOHOL, AMOUNT & FREQUENCY
- OTHER

DESCRIPTION	DATE OF ONSET
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICAL HISTORY (IF APPLICABLE)

HAS PATIENT RECENTLY BEEN HOSPITALIZED OR ASSESSED BY A PSYCHIATRIST?

- NO
- YES (PLEASE INCLUDE PAST PSYCHIATRIC DIAGNOSIS & HISTORY, AVAILABLE COLLATERAL AND DISCHARGE SUMMARY OR ASSESSMENT REPORT)

CURRENT MEDICATION:

MEDICATION	DOSE	DURATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE ACKNOWLEDGE EACH STATEMENT BELOW BY INITIALING THE CORRESPONDING BOX**

	Referring General Practitioners/Primary Care Providers will continue serving as the primary care provider and will assume psychiatric care when the patient has been stabilized and completed their term at <i>On Track</i>
	Referring specialists will remain involved in care or make alternate care arrangements until confirmation of enrolment is received.

Name (print)

Signature

Date (dd-mm-yyy)

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**INCOMPLETE REFERRALS WILL BE SENT BACK TO REFERRAL SOURCE**

**Please ensure all supporting documentation (i.e. assessment reports, discharge summaries) are included with the referral  
CLIENTS WILL NOT BE CONTACTED UNTIL ALL SUPPORTING DOCUMENTATION IS RECEIVED**

**Helpful resources:**

Need a doctor?  
Health Care Connect  
[www.ontario.ca](http://www.ontario.ca)  
1-866-538-0520

Mental Health Crisis Line  
[www.crisisline.ca](http://www.crisisline.ca)  
(613) 722-6914 (Ottawa resident)  
1-866-996-0991 (Champlain District)

- Psychosis information:
- [www.Help4psychosis.ca](http://www.Help4psychosis.ca)
  - [www.psychosis101.ca](http://www.psychosis101.ca)
  - [www.earlypsychosis.ca](http://www.earlypsychosis.ca)
  - [www.ementalhealth.ca/](http://www.ementalhealth.ca/)

