

North Bay Regional Health Centre

Child and Adolescent Mental Health Unit
(CAMHU)

Admission Collateral Form

Directions for Use:

- This form and all accompanying documents are faxed to the CAMHU at NBRHC (705-495-7575) once the referring physician has consulted with the NBRHC Pediatrician on call and the patient has been accepted.
- The CAMHU will contact the referring hospital once admission is awarded to make transportation arrangements and to receive report. **Please do not commence the patient transfer until notification has been given.**

Date: _____ Time: _____ Allergies: NKA _____

Name of patient: _____

Date of birth: _____ Sex: Male Female Transgender Intersex _____

Pronouns: _____

Address: _____

Diagnosis: _____

What is the patient's legal custodial status? (parental custody, any temporary agreements, CAS guardianship, etc.) _____

Name & contact number of case manager if applicable: _____

Name & contact number of parent or guardian: _____

Does the patient identify as indigenous? Yes No

Referring Physician: _____

Referring Hospital or Agency: _____

Name and contact number of the health care provider who will follow up with the patient after discharge:

Name: _____ Contact number: _____

*Note: if there is no family physician identified, a copy of the discharge note and follow up will be returned to the referring physician.

- Required** - Full legible medical history, physical, mental status examination
- Any other additional collateral information pertinent to the admission (i.e. Crisis assessment, HANDS assessments, ER record, Lab results, behavior/affect while at referring hospital, MAR, etc.)
- Copy of Form 1 (original to accompany patient)

NBRHC CAMHU fax number: 705-495-7575
NBRHC CAMHU phone number: 705-474-8600 ext. 4250