

North Bay Regional Health Centre
Child and Adolescent Mental Health Unit
(CAMHU)
**Pediatric Acute Mental Health Admission
Referral**

In order to ensure optimal care for the patient who is to be admitted to one of the NBRHC Child and Adolescent Mental Health Unit (CAMHU) acute beds, admission criteria must have been met before transfer. Please ensure:

- This form and all accompanying documents are faxed to the CAMHU at NBRHC (number is below).
- The referring physician must have consulted with the Pediatrician on call and the Pediatrician will determine appropriateness of accepting the patient.
- The CAMHU will notify the referring centre as to a time for transfer. **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

Address: _____

Diagnosis: _____

Name of parent or guardian: _____

Note: parent or guardian must be available to speak to the Pediatrician for the purposes of history taking

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.

- Full legible medical history and physical examination provided (required)
- Any other history pertinent to the referral (i.e. Crisis Intervention notes, Emergency Room Record, Lab results, behaviour/affect while at referring institution)
- Copy of crisis assessment
- Copy of Form 1 (original to accompany patient)
- Form 42 signed by physician initiating Form 1 if at Schedule 1 Facility and given to patient

Community Mental Health Agency (Family Youth & Child Services of Muskoka)
contact will be notified of all admissions for follow up post-discharge:

Name: Krista McDonald Phone number: 705-645-4426 ext. 231

Or Mary Shirley Thompson Phone number: 705-645-4426 ext 230

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