



# North Bay Regional Health Centre

## Temiskaming Seniors' Mental Health and Behavioural Supports Ontario

### Referral Form

Phone: 1-855-276-6313, Fax: 1-705-675-8857

**\*Please note, incomplete referrals may delay intake process.\***

Seniors' Mental Health and Behavioural Supports Ontario Referral Form		
If you have a preferred service, please check the appropriate box ( <i>optional</i> ):		
<b>Seniors' Mental Health</b>	<b>Behavioural Supports Ontario</b>	
<i>All information will be considered during the intake process and referrals will be triaged to the most appropriate service(s).</i>		
Patient Demographics		
Name ( <i>last, first</i> ):		DOB ( <i>dd/mm/yyyy</i> ):
Gender:	Health Card #:	Version Code:
Preferred Language:		
Address ( <i>unit/street #</i> ):		
City:	Postal Code:	Phone #:
Lives alone:      No      Yes      If no, please specify:		
Secondary Contact:		
Relationship:		Phone #:
Who consent to this referral?      Patient      SDM      Comments:		
Person to Contact Regarding this Referral		
Patient	Secondary Contact	Other ( <i>if other, please specify below</i> )
Name:	Relationship:	Phone #:
Agency Involvement		
Ontario Health at Home	Mental Health Services	
Alzheimer Society	North East Specialized Geriatric Centre	
Other ( <i>please specify</i> ):		
Reason for Referral		
Cognitive changes	Mobility/falls	
Behavioural changes	Functional changes	
Mood symptoms	Incontinence	
Symptoms of psychosis	Pain management	
Suicidal/homicidal ideation	Sleep disturbance	
Substance/Medication misuse	Unintended changes in weight/nutrition	
Polypharmacy/Medication Review	Complex medical problems	
Caregiver/family concerns	Multiple ED visits secondary to geriatric	
Social isolation	Syndromes	
Other ( <i>please specify</i> ):		
Brief Description and Clinical Question		

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<b>Legal Concerns</b>			
Are there any legal concerns (consent, capacity, abuse, etc.)?      No      Yes			
If yes, please specify:			
Has a MTO report been completed?      No      Yes			
<b>Risks and/or Safety Concerns (for patient and others)</b>			
<b>Relevant Medical, Surgical &amp; Psychiatric History – Please attach any relevant clinical information from your EMR (e.g. notes from recent visits, consult notes) that would not already be available in Connecting Ontario.</b>			
<b>Current Medications</b>			
. Please attach Medication list/CPP			
<b>Required Investigations for Seniors' Mental Health Referrals</b>			
<i>Please ensure the following recent (within the last 3 months) results are available:</i>			
CBC HbA1c Creatinine, eGFR Electrolytes and calcium, albumin, magnesium, and phosphorus CT/MRI scan results (required for referrals related to cognitive changes)	TSH, B12 ECG VDRL (if risk factors) Serum Drug Levels (e.g. lithium or other mood stabilizers, anticonvulsants, digoxin) if applicable Completed cognitive screening assessments if available (e.g. MMSE/MoCA)		
<b>Additional Comments</b>			
<b>Primary Care Provider:</b>			
Print Name:			
Phone #:		Fax # (if applicable):	
<b>Request for Referral Initiated by (please specify):</b>			
Family		Patient	
Primary Care Provider		Other:	
<b>Referring Physician/Nurse Practitioner (if different than PCP):</b>			
Print Name:			
Phone #:		Fax # (if applicable):	
<b>Date (dd/mm/yyyy):</b>		<b>Signature:</b>	

Please fax the completed form to 1- 05-675-8857 . We will contact you if we require further information or if unable to register the patient with our services.