



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 (optional):

Seniors' Mental Health

Behavioural Supports Ontario

All information will be considered during the intake process and referrals will be triaged to the most appropriate service(s).

Patient Demographics

Name (last, first):

DOB (dd/mm/yyyy):

Gender:

Health Card #:

Version Code:

Preferred Language:

Address (unit/street #):

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 (if other, please specify below)

Name: Relationship: Phone #:

Agency Involvement

Ontario Health at Home

Mental Health Services

Alzheimer Society

North East Specialized Geriatric Centre

Other (please specify):

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 (please specify):

Brief Description and Clinical Question

**Seniors' Mental Health and Behavioural Supports Ontario - Temiskaming
Referral Form**

Legal Concerns

Are there any legal concerns (consent, capacity, abuse, etc.)? No Yes

If yes, please specify:

Has a MTO report been completed? No Yes

Risks and/or Safety Concerns (for patient and others)

Relevant Medical, Surgical & 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.

Current Medications

Please attach Medication list/CPP

Required Investigations for Seniors' Mental Health Referrals

Please ensure the following recent (within the last 3 months) results are available.

CBC	TSH, B12
HbA1c	ECG
Creatinine, eGFR	VDRL (if risk factors)
Electrolytes and calcium, albumin, magnesium, and phosphorus	Serum Drug Levels (e.g. lithium or other mood stabilizers, anticonvulsants, digoxin) if applicable
CT/MRI scan results (required for referrals related to cognitive changes)	Completed cognitive screening assessments if available (e.g. MMSE/MoCA)

Additional Comments**Primary Care Provider:**

Print Name:

Phone #:

Fax # (if applicable):

Request for Referral Initiated by (please specify):

Family

Patient

Primary Care Provider

Other:

Referring Physician/Nurse Practitioner (if different than PCP):

Print Name:

Phone #:

Fax # (if applicable):

Date (dd/mm/yyyy):

Signature:

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.