South Eastern Ontario Addictions & Mental Health Service Access Form

Please check one of the following:

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AMHS-HPE +		n Outpatient ervices	AMHS-KFLA		LANARK COUNTY	[Lanark, Lee	GAMH ds & Grenville]	REGIONAL TERTIARY	
Counselling		P Day Hospital 9-6666 ext 7622 3-6032	Kingston & Frontena Tel: 613-544-1356 Fax 613-544-2346	IC	Lanark County Mental Health Tel: 613-283-2170 Fax 613-283-9018	1- 866-4	Intake 3-342-2262 499-8445 3 342 4969	SERVICES Providence Care, Mental Health	
Open Line Open Mind Tel: 310-OPEN Fax: 613-962-9711	MH Sei <u>Tel:613-</u>	lieu Hospital, rvices 544-3400 x2551 -548-6095	Lennox & Addington Tel: 613-354-7521 Fax: 613-354-7524			<u>1 ax. 01</u>	<u>3 342 4909</u>	Services Tel: 613-544-4900 Fax: Please see below	
REFERRAL SOUR									
Agency / Source:					Telephone	:			
					Fax:				
Date of Referral (yyyy/mm/dd):					Physician Billing #:				
Identification of first language:					Check here to indicate that we can contact the most appropriate service for your client and redirect the referral				
					Check here to indicate that information can be shared with GP				
CLIENT INFORMAT	TION								
Name:					Family Physician / Psychiatrist: (if different from referrer)				
Mailing Address:									
City: Postal Code:					Telephone (direct):				
Preferred Contact #: Alternate Contact #:					Address:				
Can message be left at this number? ☐ Yes ☐ No Date of Birth (yyyy/mm/dd):					Substitute Decision Maker: Contact #:				
*Psychiatric Consultation (*Physician referral & OHIP Req'd) PHYSICIAN SIGNATURE: (Required for psychiatry)					Health Card #:	*	-code:	*Exp. Date:	
COMMUNITY SERVICES – Service Requested Community Addictions or Mental Health Support Services Housing Assertive Community Treatment Team (ACTT) Other (please specify):					 Personality Disorder Service (Fax: 613-542-1400) Mood Disorder Specialty Outpatient (Fax: 613-540-6114) ACTT & Case Management (Fax: 613-540-6114) Community Treatment Order Program (Fax: 613-540-6139) Dual Diagnosis Consultation Outreach Team (Fax: 613-530-2212) 				
	RISK	FACTORS			CURRENT S	ITUATION /	HISTORY	DIAGNOSIS	
	Yes	No	Comments			Yes	No	Comments	
Harm To Self				F	Psychiatric Diagnosis				
Harm To Others				Ν	Medications: (attach lis	t)			
Inability To Care For S	Self								
Financially Incapable				Ν	Medical Conditions:				
Other Risk Factors i.e. Pregnancy, Gambling	g,				Past / present involvement with MHA or other agencies				
Concurrent disorders Current Legal Issues					5				
Consent for Service	\/erh	al 🗆 🗧	Signed D Note: P	leas	e append signed cons	ent forms			
Consent for Disclosure				1003	append signed cons				
Referral Taken By: (pr	int name)								
Referral Taken By: (signature) Date (yyyy/mm/dd):									