



WOMEN'S COLLEGE HOSPITAL 76 Grenville Street
 Toronto, Ontario
 Healthcare | REVOLUTIONIZED M5S 1B2

Tel: 416-323-6230 Fax: 416-323-6356

**REFERRAL FOR CHILD & FAMILY
 PSYCHIATRY CONSULTATION**

REFERRAL DATE: ____ / ____ / ____
 DD / MM / YYYY

PATIENT INFORMATION
 (Affix Patient Label/Identification Here)

MRN: _____ HCN: _____
 Name: _____
 Sex: _____ Date of Birth: ____ / ____ / ____
 DD / MM / YYYY
 Address: _____
 Telephone: _____ Alternate #: _____

Has this child ever been assessed by a psychiatrist, psychologist or developmental pediatrician?

No Yes - If yes, please attach their reports, or your referral will be returned as incomplete.

ADDITIONAL PATIENT INFORMATION

Child's name: _____ Age: _____ Date of birth: ____ / ____ / ____
 DD / MM / YYYY
 Gender (if not same as above): _____ Pronouns: He/Him She/Her They/Them _____
 Health card number: _____ Address: _____
Contact Name: Parent/ youth/ other: _____ Telephone: _____
 Leave message? Yes No

REFERRING PROVIDER INFORMATION

Name: _____	Billing #: _____ Signature: _____
Address: _____	
Telephone: _____	
Fax: _____	

Referring Provider is not the Primary Care Provider

Primary Care Provider Name: _____ Phone: _____ Fax: _____

REASON FOR REFERRAL

Please note we do not offer assessments or treatment for concerns related to autism spectrum disorder, eating disorders, gender dysphoria, psychotic disorders, or substance or alcohol use problems. We also do not provide educational assessments or urgent psychiatric care. Referrals where child custody is unclear or in dispute will not be accepted.

CHIEF CONCERN(S):

- Anxiety
- Depression
- Behaviour
- Attention/hyperactivity
- Parenting
- Parent-child attachment
- Other: _____

Describe: _____

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ADDITIONAL INFORMATION

Other agencies/professionals involved:

Developmental history/concerns (*pregnancy/prematurity/milestones/other*):

Past medical and psychiatric history (*please include any assessments and other relevant documentation*):

Allergies and reaction:

Current medications (include list):

Family Psychiatric History:

Safety concerns and/or Children's Aid Society (CAS) involvement:

Family Constellation (*include custody and living arrangements, sibling ages*):

Parents' marital status: Married Common-law Separated Divorced

Additional Comments: _____

Is there legal custody documentation? Yes - *If Yes, please attach a copy of the agreement*
 No/Pending
 In dispute
 N/a

Are both parents aware of and in agreement with this referral? Yes No



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Referring doctors who suspect a diagnosis of Attention-Deficit / Hyperactivity Disorder (ADHD) may be contributing to this presentation are asked to complete this additional page.

SCREENING TOOL FOR THE IDENTIFICATION OF POTENTIAL CARDIAC RISK FACTORS FOR SUDDEN DEATH AMONG CHILDREN STARTING STIMULANT MEDICATION

Answering "yes" to any of these items should prompt further investigation or review by a specialist in paediatric cardiology

HISTORY	YES	NO
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Shortness of breath with exercise (more than other children of the same age) in the absence of an alternative explanation (eg, asthma, sedentary lifestyle, obesity)		
Poor exercise tolerance (in comparison with other children) in the absence of an alternative explanation (eg, asthma, sedentary lifestyle, obesity)		
Fainting or seizures with exercise, startle or fright		
Palpitations brought on by exercise		
Family history of sudden or unexplained death including sudden infant death syndrome, unexplained drowning or unexplained motor vehicle accidents (in first- or second-degree relatives)		

PERSONAL OR FAMILY HISTORY (in first or second degree relatives) OF NONISCHEMIC HEART DISEASE	YES	NO
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Long QT syndrome or other familial arrhythmias		
Wolff-Parkinson-White syndrome		
Cardiomyopathy		
Heart transplant		
Pulmonary hypertension		
Unexplained motor vehicle collisions or drowning		
Implantable defibrillator		

PHYSICAL EXAMINATION	YES	NO
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Hypertension		
Organic (not functional) murmur present		
Sternotomy incision		
Other abnormal cardiac findings		

CURRENT MEASUREMENTS: Height (cm): _____ Weight (kg): _____
Heart rate: _____ BP (mm/Hg): _____

- No concerns are identified which should preclude/delay use of stimulant medication if it is indicated.
- Risk factors have been identified. Further review/investigation will be pursued if stimulant treatment is recommended.

Comments (optional): _____

*The chart provided is from **Cardiac risk assessment before the use of stimulant medications in children and youth**, a joint position statement with the Canadian Paediatric Society, the Canadian Cardiovascular Society, and the Canadian Academy of Child and Adolescent Psychiatry (Paediatr Child Health 2009;14(9):579-85).*