



WHOLE HEART WELLNESS

PSYCHIATRY
PSYCHOTHERAPY &
WELLNESS

Fax Completed Form to: **905 857 0432**

Date of Referral: _____

Patient Contact Information	Physician Information
Patient Name: _____	Referring Physician/NP: _____
DOB:(YYYY/MM/DD):____/____/ Health card No. _____ VC:____	Billing No. _____
Phone: _____ Alt.Phone _____	Phone: _____
Address: _____	Fax: _____
_____	Address: _____
_____	_____
Email: _____	Email: _____

Reason for Referral:

Psychiatric History:

Medical History

ALLERGIES:

CURRENT MEDICATIONS:

Service Requested:

OHIP COVERED:

- Psychiatric Consultation
- Sleep Consult

Non-OHIP COVERED:

- CBT
- DBT informed
- Parent coaching
- Family Therapy
- Art Therapy
- Holistic Nutrition
- Psychological Services

PLEASE CHECK ALL THAT APPLY

GAD

- General Worries
- Chronic unexplained aches and pains

OCD

- Repetitive thoughts
- Repetitive rituals

PANIC

- Sudden panic attacks with intense anxiety

SOCIAL

- Excessively shy
- Refusal to do things in front of others
- Refusal to go to school, work or separate from others

SM:

- Refusal to talk in public, but talks at home

OTHER:

- Pulls out hair, eyebrows
- Nail biting, picking
- Exposure to a trauma

MOOD

- Has been feeling sad, unhappy or depressed
- No interest or pleasure in life
- Has decreased energy and less productive
- Excessive feelings of guilt or self blame
- Social withdrawal
- Weight loss or weight gain
- Change in sleep patterns
- Agitated or sluggish, slowed down
- Decreased concentration or indecisiveness

MANIA

- Distinct period of consistent elevated or irritable mood
- Grandiose, sudden increase in self esteem
- Decreased need for sleep
- Racing thoughts
- Too talkative and speech seems pressured

- Sudden increase in goal directed activity, agitated

- High risk activities (spending money, promiscuity)

PSYCHOSIS:

- Disorganized, illogical thoughts
- Hears voices or sees things
- Conviction that others are against or will hurt them
- A fixed belief that is out of touch with reality

SUBSTANCE ABUSE

- Alcohol
- Use of street drugs

EATING DISORDERS

- Vomits after meals or bingeing
- Underweight and refuses to eat

PERSONALITY

- Unstable interpersonal relationships
- Recurrent suicidal ideation or attempts
- Intense anger
- Major mood swings
- Impulsive self destructive or self injurious behavior

ADHD

- Problems with Attention
- Problems with Hyperactivity or Impulsivity

INSTRUCTIONS TO PATIENT

- 1. A guardian must be present at the initial assessment**
- Advise patient to bring report cards, psychological or psychoeducational reports
- Patient may call 647 345 0661 or email intake@wholeheartmentalhealth.com to book appointment
- 4. No shows, or cancellations without 48 hours notice is subject to a charge according to the OHIP billable rate.***