



WHOLE HEART MENTAL HEALTH  
& WELLNESS

CHILD AND ADOLESCENT  
MENTAL HEALTH

Fax Completed Form to: **1 844 744 5314**

Date of Referral: \_\_\_\_\_

### Patient Contact Information

Patient Name: \_\_\_\_\_

DOB:(YYYY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

Health card No. \_\_\_\_\_ VC\_\_

Phone: \_\_\_\_\_

Alt.Phone \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Physician Information

Referring Physician/NP Name: \_\_\_\_\_

Billing # \_\_\_\_\_

Phone # \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Reason for Referral:

\_\_\_\_\_

Psychiatric History:

\_\_\_\_\_

Medical History

ALLERGIES:

CURRENT MEDICATIONS:

#### **REQUESTED SERVICES:**

#### **OHIP COVERED:**

- Psychiatric Consultation
- Sleep Consult

#### **Non-OHIP COVERED:**

- CBT
- DBT informed
- Parent coaching
- Family Therapy
- Art Therapy
- Psychological Services (CBT, Psychoeducational assessments)

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](mailto: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.***