Lakeridge Health

Outpatient Mental Health Referral

Lakeridge Health Ajax and Pickering Site
580 Harwood Ave. S., Ajax Ontario L1S 2J4
Phone: 905−683−2320 x13460 **Fax**: 905−683−8527
Email: opmhlhap@LH.ca

PLEASE NOTE: In order to process this referral in a timely manner, please ensure all sections are complete and legible. **We only accept referrals from physicians.**

WE DO NOT ACCEPT REFERRALS FOR COURT RELATED ASSESSMENTS

DATE: _____

REFERRING PHYSICIAN

Physician Name (**CLEARLY** print full name): _____

Billing #: _____ Tel #: _____ Fax #: _____

RELEVANT HISTORY: **IMPORTANT**

History of Psychiatric Hospitalizations/Psychiatric Consult notes:

Please attach prior discharge summaries/consultation notes, particularly the most recent notes.

PATIENT DEMOGRAPHICS: (please **CLEARLY** print)

Name: _____ Phone #: _____

Address: _____ Postal Code: _____

Date of Birth (dd/mm/yy): _____ Gender: ☐ Male ☐ Female OHIP#: _____

REASON FOR REFERRAL:

_____

Current Medications (IMPORTANT): (including non−psychiatric) _____

_____

Please answer the following:

	Yes	No	Details
Any history of violence, alcohol or substance abuse			
Any disabling medical illnesses			
Is this referral related to a disability from employment			
Is this referral related to current/pending dealings with WSIB, CAS, insurance or legal involvement			
History of suicide attempts or self−harm behaviours			
Has patient been seen at LHAP Mental Health in the past			

If there is imminent risk please refer to the Emergency Department for an assessment.
We do not offer forensic assessments or treatment or MVA assessments.
We are unable to provide assessments for legal, custody, disability, insurance or Worker's Compensation issues.
Please confirm that this is not a referral for such a consultation. ☐ Confirmed