



DT9301

ADULT PSYCHIATRIC CONSULTATION

**Note: Refer to the clinical alerts on the back of the form.
Do not use this form for a dangerous or non-collaborating patient.**

Patient's first and last name			
Health insurance number	Year	Month	Expiry
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Preferred language for evaluation	<input type="checkbox"/> French	<input type="checkbox"/> English
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Significant person able to accompany the patient to the appointment	Name	Area code	Phone number
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Step 1 – Reason for consultation

<input type="checkbox"/> Diagnostic Assessment	<input type="checkbox"/> Treatment recommendations	<input type="checkbox"/> Consultation at the adult guichet d'accès en santé mentale
<input type="checkbox"/> Access to social or psychological services	Pharmacological opinion or other brief question USE TELEPHONE CONSULTATION SERVICES	

Step 2 – Clinical situation

<input type="checkbox"/> Depression: recurrent or refractory to optimised treatment <i>(Prerequisite: basic blood work, TSH, pharmacological history)</i>	<input type="checkbox"/> First episode psychosis or psychotic mania <i>(Prerequisite: if feasible, screen for cannabis, cocaine & amphetamines)</i>
<input type="checkbox"/> Anxiety disorder: refractory to optimised treatment <i>(Prerequisite: basic blood work, TSH, pharmacological history)</i>	<input type="checkbox"/> Psychosis or mania <i>(Prerequisite: basic blood work, TSH, pharmacological history)</i>
<input type="checkbox"/> Personality disorder, refractory to psychological intervention in first-line services	<input type="checkbox"/> ADHD in adults: refractory or atypical <i>(Prerequisite: CADDRA screening questionnaire³)</i>
<input type="checkbox"/> Behavioural problems associated with cognitive decline or a mood disorder <i>(Prerequisite: MOCA²: ____ or MMSE: ____)</i>	<input type="checkbox"/> Substance dependence associated with a psychiatric disorder (substance(s): _____)
<input type="checkbox"/> Other:	

Step 3 – Clinical priority based on functional impairment

<input type="checkbox"/> Important impairment or unstable disorder, with mild disorganisation and risk of deterioration if treatment is delayed	B (≤ 10 days)
<input type="checkbox"/> Moderate or mild functional impairment, non-responsive to usual treatment	C (≤ 28 days)
<input type="checkbox"/> Preserved functioning but significant distress, non-responsive to usual treatment	D (≤ 3 months)
<input type="checkbox"/> Chronic condition to be optimised	E (≤ 12 months)

Suspected diagnosis and clinical information (mandatory)	If prerequisite is needed:
	<input type="checkbox"/> Available in the QHR
	<input type="checkbox"/> Attached to this form

Special needs:

Referring physician identification and point of service		Stamp
Referring physician's name	Licence no.	
Area code Phone no.	Extension Area code Fax no.	
Name of point of service		
Signature	Date (year, month, day)	
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		Registered referral (if required)
Family physician's name		If you would like a referral for a particular physician or point of service
Name of point of service		

Patient first and last name

Health insurance number

Past Psychiatric history:

Current stressor(s):

Pharmacological history (drug, maximum dose, efficacy, side effects):

Previous and current psychosocial approaches (type and outcome):

Patient expectations

Substance use disorder history: No, Yes – specify which one(s)

Situation discussed with the doctor who is répondant en psychiatrie: No, Yes

Specify with whom:

Safety: Patient does not represent an **immediate** threat to themselves or others

Consent: Patient verbally consents to sending the request to the GASM of their sector and agrees to proceed with the evaluation of the request

Motivation: Motivated with active and constant collaboration Ambivalent Little to no motivation

**If not motivated, please help improve patient's motivation before referring.
If deemed a threat to themselves or to others, refer patient to the emergency room.
If not collaborating and deemed a threat to themselves or to others: dial 911.**

Attach any other documents relevant to the consultation.

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Unstable state with serious disorganisation of speech and/or behaviour
- Delirium

Other resources available

- i. Social info line: 811
- ii. Find your sector Crisis Center: <https://www.centredecrise.ca/listecentres>
- iii. Suicide Prevention Helpline: 1 866 277-3553 (appelle)

DO NOT use this form for:

- A patient who already has active psychiatric follow-up-refer them back to their treating psychiatrist or treating team
- A medical-legal opinion or a parental capacity assessment
- A patient without a mental health problem - Refer him to the general social services of your establishment instead

Legend

¹ Telephone consultation with a psychiatrist: Communicate with the specialist doctor responding in psychiatry or, failing that, with the on-call psychiatrist in order to obtain a quick answer to your question.

² MOCA: form available at www.mocatest.org

³ CADDRA: form available at www.caddra.ca