



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

Recommended : Attach the completed form of the Guichet d'accès en santé mentale in your area

Step 1 – Reason for consultation

<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Treatment recommendations	<input type="checkbox"/> Therapeutic failure
Pharmacological opinion or other brief question USE TELEPHONE CONSULTATION SERVICES¹	Access to social or psychological services (including for dependency) DIRECT USER TO GENERAL PSYCHOSOCIAL SERVICES IN THE CISSS, CIUSSS, institute or hospital	

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
	<input type="checkbox"/> Attached list of medication

Special needs:

Referring physician identification and point of service

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)	

Stamp

Family physician: Same as referring physician 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	

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

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Unstable state with serious disorganisation of speech and/or behaviour
- Potentially dangerous patient
- Delirium
- **If patient is not collaborative and dangerous, dial 911**

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 who is non-consenting or will not collaborate with the psychiatric consultation

For access to social, psychological, crisis or drug dependency services

- Direct the patient to the general social services of the CISSS, CIUSSS, institute or hospital
- Use the Info social 811 hot line outside of regular CISSS, CIUSSS, institute or hospital hours
- Suicide prevention hot line: 1 866 277-3553