WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED
76 Grenville Street
Toronto, Ontario
M5S 1B2
Tel: 416-323-6230 Fax: 416-323-6356

REFERRAL FOR CHILD & FAMILY PSYCHIATRY CONSULTATION

REFERRAL DATE: ____/____/_____
DD / MM / YYYY

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

MRN:_____ HCN:_____

Name:_____

Sex:_____ Date of Birth:____/____/_____
DD / MM / YYYY

Address:_____

Telephone:_____ Alternate #:_____

Please attach any prior psychiatric consultation reports for this child, and fax completed form to: (416) 323-6356. Incomplete forms may be returned.

ADDITIONAL PATIENT INFORMATION

Child's name: _____ Age: _____ Date of birth: _____
DD / MM / YYYY

Gender (*if not same as above*):_____ Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ _____

Health card number:_____ Address:_____

Contact Name: ☐Parent/ ☐youth/ ☐other:_____ Telephone:_____

Leave message? ☐Yes ☐No

REFERRING PROVIDER INFORMATION

Name:	Billing #: _____
Address:	
Telephone:	Signature: _____
Fax:	

☐ Referring Provider is not the Primary Care Provider

Primary Care Provider Name: _____ Phone:_____ Fax:_____

REASON FOR REFERRAL

Chief concern(s):

☐ Anxiety
☐ Depression
☐ Behaviour
☐ Attention/hyperactivity
☐ Parenting
☐ Parent-child attachment
☐ Other: _____

Describe:_____

_____

_____

_____

_____

_____

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ADDITIONAL INFORMATION

Other agencies/professionals involved:

Developmental history/concerns *(pregnancy/prematurity/milestones/other)*:

Past medical and psychiatric history *(please include any assessments and other relevant documentation)*:

Allergies and reaction:

Current medications (include list):

Family Psychiatric History:

Safety concerns and/or Children's Aid Society (CAS) involvement:

Family Constellation *(include custody and living arrangements, sibling ages)*:

Parents' marital status: ☐ Married ☐ Common-law ☐ Separated ☐ Divorced

Additional Comments: _____

_____

Is there legal custody documentation? ☐ Yes - *If Yes, please attach a copy of the agreement*
☐ No/Pending
☐ In dispute
☐ N/a

Are both parents aware of and in agreement with this referral? ☐ Yes ☐ No

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Referring doctors who suspect a diagnosis of Attention-Deficit / Hyperactivity Disorder (ADHD) may be contributing to this presentation are asked to complete this additional page.

SCREENING TOOL FOR THE IDENTIFICATION OF POTENTIAL CARDIAC RISK FACTORS FOR SUDDEN DEATH AMONG CHILDREN STARTING STIMULANT MEDICATION

Answering "yes" to any of these items should prompt further investigation or review by a specialist in paediatric cardiology

HISTORY	**YES**	**NO**
Shortness of breath with exercise (more than other children of the same age) in the absence of an alternative explanation (eg, asthma, sedentary lifestyle, obesity)		
Poor exercise tolerance (in comparison with other children) in the absence of an alternative explanation (eg, asthma, sedentary lifestyle, obesity)		
Fainting or seizures with exercise, startle or fright		
Palpitations brought on by exercise		
Family history of sudden or unexplained death including sudden infant death syndrome, unexplained drowning or unexplained motor vehicle accidents (in first- or second-degree relatives)		
PERSONAL OR FAMILY HISTORY *(in first or second degree relatives)* **OF NONISCHEMIC HEART DISEASE**	**YES**	**NO**
Long QT syndrome or other familial arrhythmias		
Wolff-Parkinson-White syndrome		
Cardiomyopathy		
Heart transplant		
Pulmonary hypertension		
Unexplained motor vehicle collisions or drowning		
Implantable defibrillator		
PHYSICAL EXAMINATION	**YES**	**NO**
Hypertension		
Organic (not functional) murmur present		
Sternotomy incision		
Other abnormal cardiac findings		

CURRENT MEASUREMENTS: Height (*cm*): _____ Weight (*kg*): _____
Heart rate: _____ BP (*mm/Hg*): _____

☐ No concerns are identified which should preclude/delay use of stimulant medication if it is indicated.

☐ Risk factors have been identified. Further review/investigation will be pursued if stimulant treatment is recommended.

Comments (optional):_____

_____

*The chart provided is from **Cardiac risk assessment before the use of stimulant medications in children and youth**, a joint position statement with the Canadian Paediatric Society, the Canadian Cardiovascular Society, and the Canadian Academy of Child and Adolescent Psychiatry (Paediatr Child Health 2009;14(9):579-85).*