Clear Form

Health PEI
One Island Health System

COMMUNITY MENTAL HEALTH & ADDICTIONS – ADULT SERVICES REFERRAL FORM

SERVICE REQUESTED		COMMUNITY SERVICE & LOCATIONS	FAX#
COMMUNITY MENTAL HEALTH	☐ Assessment	Community Mental Health - Richmond Center	902-368-4427
		Community Mental Health - McGill Centre	902-368-6189
		Community Mental Health - Summerside	902-888-8173
ADDICTIONS	☐ Assessment	Community Addiction Services - Summerside	902-432-2585
		Community Mental Health & Addictions - Alberton	902-853-0420
	☐ Withdrawal Management	Community Mental Health & Addictions – Montague	902-838-0961
	☐ Opiate Replacement	Community Mental Health & Addictions - Souris	902-687-7119
		Provincial Addictions Treatment Facility	902-368-6229

REFERRAL SOURCE INFORMATION			
Referred by/Name:		Telephone #:	
CLIENT INFORMATION			
Legal Name:	Preferred Name:		
Email Address:	DOB: (DD/MM/YY)	Gender:	PHN:
Address (mailing & civic)			
Preferred Telephone # ☐ Cell ☐ Home ☐ Work	Hospital Discharge Date (if applicable):		
Family Physician:	Psychiatrist (if applicable):		
Current Medications (if applicable):			
Substance(s) of Abuse (if applicable):			
NEXT of KIN/SIGNIFICANT OTHER			
Name:	Telephone:		
PRESENTING PROBLEM & RELEVANT INFORMATION			
Duration of Current Difficulties	☐ < 1 month ☐ 1-6 months ☐ 6-12 months ☐ > 1 year		

Date: _____ Referral Source Signature: _____

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Symptom Checklist (OPTIONAL)		Yes	No	Details (current, recent, severity, etc)
Physical Health	Change in energy level			
	Physical illness/chronic conditions			
Risk Assessment/ Suicide	Previous attempt			
	Current thoughts			
	Current plan			
	Engages in self-harming behaviour			
	Risk of harm to others			
Substance use	Alcohol			
	Marijuana			
	Opiates			
	Other			
Life Stressors	Victim of abuse			
	Perpetrator of abuse			
	Losses or separation			
	Financial/work related			
	Legal issues (including family court)			
Functioning Problems	At work			
	At home			
	In the community			
	With family			
	At school			
	Loss of interest/motivation			
	Other			
Behavioral/ Social	Social isolation/withdrawal			
	Risk taking, impulse control			
Developmental, Learning Difficulties	Developmental/congenital			
	Learning disability			
Affective Symptoms	Anxiety			
	Phobias			
	Depression/bipolar			
Vegetative Symptoms	Sleep disturbance			
	Weight change (gain/loss)			
Psychotic Symptoms	Delusions			
	Hallucinations			
	Paranoia			
	Other			
Cognitive Symptoms	Short term memory issues			
	Long term memory issues			
	Concentration difficulty			
	Obsession/compulsions			

Date: _____ Referral Source Signature: _____