

ADULT PSYCHIATRY: SASKATOON

ALERT – For Emergent Referrals (i.e. suicidal ideation or active psychosis), contact System Flow Coordination Centre (SFCC): (866) 766-6050 to be connected to Emergency on-call Psychiatrist

PATIENT INFORMATION:		Last Name:		First Name:	
Date of Birth: DD/MM/YYYY		Age:		Address:	
City:		Prov:		PC:	
Home Phone:		Work Phone:		Cell Phone:	
Requires Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No		Language:		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Undeclared	
REFERRING PRACTITIONER & CLINIC INFORMATION:					
<input type="checkbox"/> Family Doctor <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Specialist <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Inpatient Referral		Name: Address: Phone: Fax: Family Physician/Nurse Practitioner (if different from referring):			
REFERRAL TO: <input type="checkbox"/> Next Available Psychiatrist Except Dr. _____			<input type="checkbox"/> Specific Dr. _____		
FORENSIC/SASKATCHEWAN THERAPEUTIC JUSTICE PROGRAM:					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
REASON FOR REFERRAL: CHECK PRIMARY REASON FOR REFERRAL AND INCLUDE RELEVANT DOCUMENTATION.					
<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Addictions <input type="checkbox"/> Adult ADHD <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder		<input type="checkbox"/> Complex Geriatric/Medically Frail >65 yrs <input type="checkbox"/> Depression <input type="checkbox"/> Developmental/Intellectual Disorder <input type="checkbox"/> Eating Disorders <input type="checkbox"/> IV Ketamine Assessment/Rx or rTMS		<input type="checkbox"/> Maternal Mental Health <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> PTSD/Trauma <input type="checkbox"/> Schizophrenia/Psychotic Disorders <input type="checkbox"/> Other (Specify): _____	
CURRENT MEDICATIONS:			PREVIOUSLY TRIED MEDICATIONS:		
For Triage Purposes: (Mandatory Requirement: provide detailed information explaining patient complexity, comorbidities, and/or previous psychiatry consults OR attach information in letter)					
Saskatoon Adult Mental Health & Addiction Services – 306-655-7777. Patients are able to self-refer to Adult Mental Health & Addiction Services which provides access to an array of resources. Clients can expect a call back within 2-3 business days. Support and treatment are offered for a variety of mental health and substance use disorders. (This number is NOT an intake for Psychiatry.)					
POOLED REFERRAL INFORMATION: Patients awaiting Psychiatry through pooled referrals may be offered a medication assessment with a pharmacist, a consultation with a psychiatrist, or they may be connected with alternate supports and services as deemed appropriate by the triage team depending on resources.					
Referring Physician/Nurse Practitioner Signature:				Date:	
Redirecting Specialist: <input type="checkbox"/> Pooled <input type="checkbox"/> Specific Dr. _____				Date:	