

**REFERRAL FORM
DUAL DIAGNOSIS PROGRAM**
Phone: 519-257-5125 Fax: 519-257-5296

Surname: _____	First: _____	Sex: _____
Address: _____	City: _____	P.C.: _____
Phone #: _____	Health Card: _____	V.C.: _____
D.O.B.: _____ (MM/DD/YYYY)	Service Language: _____	
Emergency Contact: _____	Phone #: _____	Relationship: _____
Family Dr.: _____	Psychiatrist: _____	
Referring Physician (name, address, & phone #) _____		
Physician Billing #: _____	Physician Signature: _____	

Reason for Referral: (Problem identified by person making referral)

Recent Psychiatric Hospitalization:	Where: _____
(most recent admissions only)	When: _____

TO BE COMPLETED BY DUAL DIAGNOSIS PROGRAM NURSE:

Previous Program Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ (MM/YYYY)	_____ (Program/Worker)
Intake Nurse: _____		
Contact Dates: _____		
Assessment Date: _____		
Readmission Date (if applicable): _____		
FINAL DISPOSITION: _____		

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Dual Diagnosis Consultation, Outreach Stabilization Service

Criteria for Admission

Referrals to the Dual Diagnosis Outreach Program are made by Family Physicians, Psychiatrists. Each referral will be screened and reviewed with the referring professional prior to admission. We do not accept crisis admissions; contact the Crisis Unit at 519-973-4435.

The Dual Diagnosis Outreach Program is an outpatient/outreach program that provides specialized treatment servicing the Dually Diagnosed, which is defined as developmental disability and mental illness. The program offers intervention and stabilization treatment services.

Who we serve:

Individuals ages 16 years and older qualify for services.

Clients who have:

A Developmental Disability and Mental Illness

- a) A DSM-IV diagnosis of mental retardation defined by three particular criteria:
 - (i) Significant sub-average intellectual functioning (I.Q. lower than 70)
 - (ii) Significant limitation in adaptive functioning in at least two of the following:

Communication	Use of Community Resources
Self-Care	Self-Direction
Social/Interpersonal Skills	Health
Work	Safety
Leisure	Functional Academic Skills
 - (iii) Onset before 18 years of age, **and**
- b) A mental illness. This includes a diagnosed psychiatric disorder or a severe behavior problem, which is persisting.

Information Required:

- 1) List previous history with other agencies involved with individual.
- 2) Reason for Referral (Disturbed behavior, emotional concerns, etc.)
- 3) Medical History (current medications, medical conditions, etc.)
- 4) Psychiatric History (admissions, treatment, medications, diagnosis)
- 5) Social History (education, occupation, family history, support)
- 6) Vocational/Occupational/Recreation status (day program, etc.)
- 7) Other (additional information regarding history of psychiatric and/or criminal justice system involvement, substance abuse problems, psychological testing results, etc.)

Please note:

It is essential that commitment of current community agency/family physician is in place as the program is specialized for the delivery of service and must work in partnership with the referring source or primary care provider.

For further information please contact the Dual Diagnosis Program at 519-257-5125