



**MEDICATION CLINIC REFERRAL FORM**

1453 Prince Road, Windsor, Ontario N9C 3Z4

Telephone: 519-257-5111 Ext. 72675 Fax: 519-973-1731

**\*Please note there is a separate referral form if referring for Outpatient Clozapine Initiation\***

Service Need:  Long-Acting Injection  Clozapine Maintenance

<b>PATIENT INFORMATION</b>			
Last Name:		First Name:	
Date of Birth: YYYY-MM-DD	Birth Sex:		Gender Identity:
Address:		Phone:	
Health Card:		Version Code:	GENCAN #:
<b>CONTACT INFORMATION</b>			
Primary Contact:	Relationship with client:	Phone Number #1:	Phone Number #2:
Community Psychiatrist:		Community Treatment Order: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Worker's Name _____	
<b>INSURANCE</b>			
ODSP: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Other Insurance Provider:			

Fax this referral and the following to **519-973-1731**.

**If Long-Acting Injection:**

Last Injection Date: \_\_\_\_\_ (MM/DD/YYYY)      Next Injection Due Date: \_\_\_\_\_ (MM/DD/YYYY)

Prescription required for Long-Acting Injection (with repeats)

**If Clozapine Maintenance:**

Prescription required for Clozapine (with repeats)

Copy of last CBC results

Monitoring frequency of CBC  Q1W  Q2W  Q4W

Please arrange an appointment by calling **519-257-5111 ext. 72675**

**\* Please note that clients must be discharged with enough Clozapine to accommodate the time frame between discharge and their first clinic visit. \***

Referral Source: \_\_\_\_\_

Contact Name: \_\_\_\_\_

