



1086 Ouellette Avenue, Jeanne Mance Building  
 Windsor, ON N9A 1C3  
 Phone: 519-973-4411 Ext. 33348 or 33343  
 Fax: 519-973-1731

**INTAKE / REFERRAL FORM  
 ACUTE PSYCHIATRY CLINIC**

Client Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ (MM/DD/YYYY)

Healthcard #: \_\_\_\_\_ VC \_\_\_\_\_

Allergies: \_\_\_\_\_

ODSP:     Yes     No    If No, Other Insurance Provider: \_\_\_\_\_

Discharge/Community Psychiatrist: \_\_\_\_\_

Community Treatment Order:     Yes     No    If Yes, Worker's Name: \_\_\_\_\_

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

For successful intake, please provide the following, in addition to this referral by fax to 519-973-4402.

Some of the following documents are only applicable to hospital encounters.

1. Face Sheet
2. Psychiatry Consult
3. History & Physical
4. Discharge Summary
5. Prescription for LAI or Clozapine (with repeats)

If patient is being referred for Clozapine, please also attach the following:

6. Copy of last CBC result
7. Monitoring frequency of CBC       Q1W       Q2W       Q4W

Upon faxing the above stated documentation, please call to arrange appointment at 519-973-4411 Ext. 33348 or 33343.

**\* 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: \_\_\_\_\_

For Office Use Only:

Appointment Date: \_\_\_\_\_ (MM/DD/YYYY)

Time: \_\_\_\_\_ (HH:MM)

