



Psychiatry Referral

This referral is for a **one-time psychiatrist consultation.**

(We do not provide ongoing psychiatric care or follow-up appointments, and we are unable to accommodate urgent or crisis referrals.)

Important Information

- Clients should have a **family physician or nurse practitioner** for follow-up care and prescribing of medication.
- If the client does not have someone to prescribe medication, we will arrange follow up with FNHA Virtual **Doctor of the Day** Primary Care Clinic.
- **Not accepted:** Forensic referrals, referrals from hospital or requests for third-party reports (courts, government, insurance).
- **All asterisked Sections (*) must be completed for referral to be accepted.**

***Referral Checklist**

- Client is **not in a corrections facility** and has **no pending charges**
- Client has **NOT had a psychiatric consult in the last 6 months**
- Client has **agreed to see a psychiatrist**
- Email **address included** for Zoom invitation
- Client understands **Zoom video** is the mode of communication
- Client **consents to** FNHA checking **Care Connect and Pharmanet**

Physicians and NPs include:

- * Recent bloodwork (Depression specific: CBC + Diff, TSH, Ferritin)

For ADHD referrals:

- * Attach ECG completed within the last 12 months (Stress tests not accepted)

Include the following assessments as applicable:

- PHQ9 (Depression)
- ASRS (ADHD)
- MDQ (Mood Disorder)
- GAD7 (Anxiety)
- PCL5 (PTSD)
- Any previous psychiatric consults/notes

***Pharmacy and Hospital Information:**

Preferred Pharmacy:
Nearest Hospital:
Closest Lab Services:

Referral Note:

(Clinical notes can be attached if applicable. If attaching, confirm your note includes these sections):

***Specific diagnostic or treatment question:**

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***Presenting concerns**

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***Mental health history:**

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***Medical History:**

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***Substance use history:**

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***Current medications:** (include start date and prescriber if known)

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