Providence Health Care

REPRODUCTIVE MENTAL HEALTH PROGRAM REFERRAL

* 3 0 6 0 *

Psychiatry Referral

Place Patient Label Here

St. Paul's Hospital – Room 2B-185
1081 Burrard Street, Vancouver, BC V6Z 1Y6
Telephone: 604-806-8004
Fax: 604-675-2666

Our wait time for an appointment with a psychiatrist can be up to 4 months. In order to best support your patient please consider the following options:

- **Psychoeducation-** If your patient does not need psychiatric assessment and follow up, but would benefit from a one-hour psychoeducation session facilitated by a reproductive psychiatrist and nurse, please see option on page 2 for Psychoeducation referral only.
- **Rapid Access to Consultative Expertise (RACE)** - Provides telephone consultation for health care providers who want to discuss patient management, including medication use in pregnancy and breastfeeding. RACE users can select either "Adult Psychiatry" or "Perinatal Psychiatry" from the options menu. Please contact RACE directly at 604-696-2131 or 1-877-696-2131. Services are available Monday to Friday from 0800 to 1700.
- **Pacific Postpartum Support Society (PPSS)**: Patients can access services by calling or texting 604-255-7999. More information can be found on their website postpartum.org

If the above resources are not sufficient for your patient's needs, please proceed with a full referral to a psychiatrist at our clinic on page 2. Please note, our clinic does not provide counselling services.

Appointments will be scheduled directly with the patient. The referring provider will be notified of referral acceptance and appointment date via fax once initial intake is complete.

Please inform your patient that St. Paul's is a teaching hospital and there will likely be a resident or medical student working with them

Is patient aware of the information above and in agreement with this referral? ☐ **Yes** ☐ **No**

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PATIENT INFORMATION (please print clearly)

Patient first name:	Patient last name:	DOB: (dd/mmm/yyyy)	PHN:
Patient address:		Patient email: ☐ Patient consent for communication by email obtained	
Patient phone:	Alternate phone:	Interpreter Required: ☐ No ☐ Yes Language:	

IS THIS PATIENT A RE-REFERRAL? ☐ No ☐ Yes - If yes, seen at which location? ☐ St. Paul's Hospital ☐ BC Women's Hospital
Seen there by Dr. _____ Date seen: (dd/mmm/yyyy) _____

Intended Delivery Site (if applicable):

PHYSICIAN INFORMATION

Referring Provider:		Billing Number:
Office Address:		
Office phone:	Office fax:	Office email:
Patient Primary Care Provider:		Billing Number:
Office Address:		
Office phone:	Office fax:	Office email:

REFERRAL DETAILS (Select all appropriate boxes) ☐ **URGENT REFERRAL**

Date of Referral:(dd/mmm/yyyy)_____

☐ Psychoeducation (one time group meant to complement other resources utilized by MRP such as RACE, PPSS)

☐ Reproductive psychiatry assessment and follow-up as needed

Patient has mental health concerns related to:

☐ Pregnancy: Due date:(dd/mmm/yyyy) _____ ☐ Postpartum: Date of Delivery (dd/mmm/yyyy) _____

☐ Pregnancy loss - Date of loss: (dd/mmm/yyyy) _____ number of weeks: _____

IS PATIENT CURRENTLY EXPERIENCING SYMPTOMS OF

☐ Depression ☐ Bipolar Disorder ☐ Anxiety / Panic Disorder ☐ OCD ☐ Psychosis ☐ Other: _____

DOES PATIENT HAVE A PRIOR HISTORY / DIAGNOSIS OF

☐ Depression ☐ Bipolar Disorder ☐ Anxiety / Panic Disorder ☐ OCD ☐ Psychosis ☐ Personality Disorder

☐ Other: _____

CURRENT RELATED BEHAVIOURS / ISSUES

☐ Substance Use ☐ Violence ☐ Suicidal Ideation / Attempts ☐ Other: _____

☐ This condition is associated with: ☐ ICBC ☐ WorkSafe ☐ Other medical/legal matters:(specify) _____

CURRENT CARE PROVIDERS (include name)

☐ Psychiatrist: _____ ☐ Psychologist: _____

☐ Social Worker: _____ ☐ OB/GYN: _____

☐ Other: _____

CURRENT MEDICATIONS

_____

_____

RELEVANT MEDICAL HISTORY/ADDITIONAL DETAILS:

_____

_____