

Referral to the Nurse Practitioner Led Clinic

Patient Contact Information:

First Name Last Name Preferred Name

Phone Number (permission to leave message) Date of Birth: DD / MM / YYYY

Health Card Number Allergies

Address City Postal Code

Gender: _____ Language Spoken: _____

Psychiatrist: _____

Current Pharmacy: _____

Mental Health Diagnosis and/or alerts: _____

HISTORY OF RISKS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Violence towards others | <input type="checkbox"/> Sexual aggression | <input type="checkbox"/> Concealing weapons |
| <input type="checkbox"/> Violence towards self | <input type="checkbox"/> Suicide | <input type="checkbox"/> Medication compliance |
| <input type="checkbox"/> Violence towards property | <input type="checkbox"/> Falls (if yes, please describe functional mobility/ assistive devices): _____ | |
| <input type="checkbox"/> Any other risks (e.g. fire setting) _____ | | |

Legal Involvement/ Status: (if no legal involvement, leave this section blank)

- | | |
|---|--|
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> NCR |
| <input type="checkbox"/> Current charges (if yes, please describe): _____ | <input type="checkbox"/> Past charges (if yes, please describe): _____ |

Reason for Referral:

- Needs a Primary Care Provider Clozapine Monitoring Depot Injection Clinic

Referral Source Contact Information (must be included):

Name: _____ Contact Number: (_____) _____

Date of Referral: _____ (MM/DD/YYYY)

We are happy to accept this referral provided that you have included ALL necessary information:

For Depot:

- | | |
|--------------------------------------|-----------------------|
| 1.) Prescription for Depot Injection | 3.) Date of last dose |
| 2.) Medication Reconciliation | 4.) Discharge Summary |

For Clozapine:

- | | |
|---|-------------------------------|
| 1.) CSAN # with ordered frequency of lab work | 3.) Medication Reconciliation |
| 2.) Most recent ECG | 4.) Discharge Summary |

Please fax this form to Community Connection Services at 905-436-1569