

**MENTAL HEALTH AND SUBSTANCE USE
CENTRAL INTAKE REFERRAL FORM**

The HOpe Centre – 1337 St. Andrews Avenue, North Vancouver, BC V7L 0B8

Community Mental Health & Substance Use Services (Adult Central Intake) P: 604-984-5000 F: 604-983-6073

Non-urgent basis –screened within 3 business days and triaged accordingly.
Ongoing assessment and treatment, but not in crisis.

PCC – Psychiatric Consultation Clinic (Adult Central Intake) P: 604-984-5000 F: 604-983-6073

One time consult for assessment and/or management advice.

Date: _____

Please send copies of relevant lab and consult report.

Name: _____		DOB (m/d/y) _____	M/F _____	Marital _____
Address: _____		PHN _____		
Note: Clients must live on the North Shore				
Phone: Home _____	Cell _____	Work _____		
Best time to contact: _____		Leave message: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contact person (if relevant): _____		Phone: _____	Relationship: _____	
Referred by: _____	Phone: _____	Fax: _____		
Family Physician: _____	Phone: _____	Fax: _____		
Reason for Referral: _____				
Brief history / precipitating factors: _____				
Provisional Diagnosis: _____				
Previous Psychiatric History: Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach notes: _____				
Any Other Services/Specialists Involved? _____				
Current Meds: _____				
Substance Use: Current (C) or Past (P)		Alcohol: C <input type="checkbox"/> P <input type="checkbox"/>	Nicotine: C <input type="checkbox"/> P <input type="checkbox"/>	Cannabis: C <input type="checkbox"/> P <input type="checkbox"/>
Cocaine/Crack: C <input type="checkbox"/> P <input type="checkbox"/>		Opioids: C <input type="checkbox"/> P <input type="checkbox"/>	Stimulants/Crystal Meth: C <input type="checkbox"/> P <input type="checkbox"/>	
Benzodiazepines: C <input type="checkbox"/> P <input type="checkbox"/>		Hallucinogen/Ecstasy/Club: C <input type="checkbox"/> P <input type="checkbox"/>	Other: _____ C <input type="checkbox"/> P <input type="checkbox"/>	
Risk Assessment:	Self-Harm: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Psychotic: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Harm to Others: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Insight: Good <input type="checkbox"/> Marginal <input type="checkbox"/> None <input type="checkbox"/>		
Notes: _____				

****We Do Not Provide Medical/Legal Assessments**

PLEASE WRITE LEGIBLY