Djavad Mowafaghian
CENTRE FOR BRAIN HEALTH

UBC Mood Disorders Centre
2nd Floor, 2215 Wesbrook Mall
Vancouver, BC V6T 1Z3
Phone: 604-822-7512
Fax: 604-822-7922

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PSYCHIATRIC OUTPATIENT SERVICES – REFERRAL FORM

1 Complete this entire form (3 pages)

We accept referrals:

- ☑ for patients with mood disorders (depressive disorders, and bipolar/related disorders)
- ☑ from family physicians and nurse practitioners in the Greater Vancouver (Lower Mainland) area
- ☑ from psychiatrists practicing anywhere in B.C.
- ☑ for patients with recurrent seasonal depression located anywhere in B.C.

*We **DO NOT** accept referrals:*

- ☒ for patients who have seen a psychiatrist in the past 6 months, unless the psychiatrist sends the referral to us
- ☒ for patients who have attended or been referred to the Psychiatric Urgent Care Program at Mood Disorders Association of BC in the past 6 months, unless the psychiatrist sends the referral to us
- ☒ for ongoing care and follow-up
- ☒ for medicolegal, forensic, or disability evaluations (including WorkSafeBC, ICBC, etc.)
- ☒ for inpatient admissions
- ☒ for group therapy
- ☒ for patients with acute suicidality, or active alcohol/substance abuse

We may suggest another service or provider that is more suitable for your patient.

2 Enclose previous psychiatric reports, chart/consult notes, and other relevant documents
Psychiatrists requesting a second opinion must send consultation notes.

3 Detach page 3 and give it to your patient

4 Fax the completed form (2 pages) to
604-822-7922

Date of Referral:
➢ **Patient Information**
Last name:
First and middle names:
Date of birth (d/m/y):
Gender:
Personal Health Number:
Address:
City/Province:
Postal Code:
Primary phone number:
Alternate phone number:
Occupation:
Employer:
➢ **Next of Kin**
Name:
Relationship:
Address:
City/Province:
Postal Code:
➢ **Referral Source**
❑ Psychiatrist ❑ Family Physician
❑ Nurse Practitioner ❑ Other:
Name:
Billing number:
Address:
City/Province:
Phone number:
Fax number:

❑ I have discussed this referral with the patient and given the letter on page 3.

_____
Signature of referring physician/psychiatrist

Patient's Name (Last, First):

➢ **Has your patient attended our clinic before?**

❑ No ❑ Yes

➢ **Are there any other mental health referrals pending?**

❑ No ❑ Yes

If yes, list:

➢ **Primary diagnosis:**

❑ Bipolar I Disorder

❑ Bipolar II Disorder

❑ Other Bipolar/Related Disorder (specify):

❑ Major Depressive Disorder

❑ Persistent Depressive Disorder (Dysthymia)

❑ Other Depressive Disorder (specify):

❑ Uncertain/unknown at this time

Current date of onset:

➢ **Other psychiatric diagnoses (specify):**

➢ **Any substance abuse/use within the past two months?**

❑ No ❑ Yes

➢ **Any past contact with mental health services?**

❑ No ❑ Remote/unknown ❑ Yes

If yes (specify names):

Consults/records must be included with this referral

➢ **List current mental health supports:**

➢ **Why does your patient need an assessment now?**
List current problems/symptoms:

➢ **What do you want from this assessment?**

❑ Diagnostic clarification

❑ Second opinion requested by psychiatrist

❑ Treatment recommendations

❑ Other (specify):

➢ **Comorbid medical issues:**

➢ **Recent labs?**

❑ No ❑ Yes (include with referral)

➢ **Current medications (including psychiatric)**

Drug name	Dose

➢ **Past psychiatric medications/treatments**

Drug/treatment name	Dose

For clinic use only: Referral is ❑ Accepted ❑ Deferred ❑ Declined Comments:
Appt. with Dr. **Date and time:**

❑ Confirmed with patient ❑ Package sent ❑ Reminder call given

*** Referring clinician: Please detach this page and give it to your patient ***

Dear Patient,

You've been referred by your doctor for an assessment at the Mood Disorders Centre, which is located in the Djavad Mowafaghian Centre for Brain Health at UBC Hospital.

General information:

- After we receive all of your required information, we'll review your file to determine whether we are able to see you. If not, we will tell your regular doctor.
- Please note that **we cannot accept referrals** for ongoing care and follow-up, medicolegal or forensic cases, disability evaluations (including WorkSafeBC, ICBC, etc.), group therapy, inpatient admissions, or problems with alcohol/drug use.
- If you are in crisis, we recommend that you call your regular doctor or seek help at your local hospital Emergency Room.

Before your appointment:

- If we're able to see you, we'll call you directly to book an assessment with one of our psychiatrists. Our **waitlist** is currently 3 to 4 months. If you don't hear from us, please check with your regular doctor.
- You'll receive a map to our clinic and other materials you'll need for your first visit with us.
- A study coordinator might contact you about **research studies** in our program. Taking part in research is completely voluntary and will not affect your current or future medical care.
- While you're waiting to see us, you can try our smartphone-friendly web tool, **MoodFx.ca**, and print your results to show the psychiatrist.
- If you must cancel an appointment, it's your responsibility to call us and reschedule.

On the day of your appointment:

- When you come to our clinic, the psychiatrist will perform a **full assessment** that includes your history of medical and mental health issues. We'll send an assessment report and treatment recommendations back to your family doctor or psychiatrist.
- As UBCH is a teaching hospital, a medical student, resident (physician in training to be a psychiatrist), or fellow (visiting psychiatrist or clinician) might attend your assessment.
- You'll return to the **care of your family doctor or psychiatrist** after you are seen at our clinic.

If you have any questions about this referral, please ask your family doctor or psychiatrist.

Thank you.

Mood Disorders Centre
Djavad Mowafaghian Centre for Brain Health
University of British Columbia / Vancouver Coastal Health Authority
2nd Floor, 2215 Wesbrook Mall
Vancouver, BC V6T 1Z3
Phone: 604-822-7512
Fax: 604-822-7922
Website: http://ubcmood.ca