

Community Mental Health Substance Use (MHSU) Referral

Patient Name (last) _____
 (first) _____
 DOB (dd/mmm/yyyy) _____
 PHN _____ MRN _____
 Account/Visit # _____
IH USE ONLY

This is not an emergency service.

Interior Health Community MHSU Services are provided for non-urgent clients with moderate to severe MHSU concerns. For life-threatening situations, call **911**, go to nearest emergency department or call the Interior Crisis Line Network (24 hrs) **1-888-353-2273**.

Date of Referral (dd/mmm/yyyy):		PHN:		DOB (dd/mmm/yyyy):	
Name:				Preferred Name:	
Address:					
City:				Postal Code:	
Gender:	Preferred Pronoun:	Primary Phone:	Can message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	Client agreeable of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referral Source:				Referral Source Phone:	
Who to contact to book an appointment if not client?					
Name: _____			Relationship: _____		
Phone: _____			Can a message be left with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Referral and Goals of Treatment					
Is substance use a concern? <input type="checkbox"/> Current <input type="checkbox"/> Past History, include details:					

Safety Concerns				
<input type="checkbox"/> Violence/Risk to Others <input type="checkbox"/> Self-Injury <input type="checkbox"/> Active Suicidal Thoughts <input type="checkbox"/> Psychosis <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Abuse Details:				
Medical Conditions and Current Medications (or attach list)				
Psychiatric History				
Date (dd/mmm/yyyy)	Time (24 hour)	Printed Name/Signature	Initials	Designation/College ID #

Permanent part of the health record

Please include all relevant assessments, lab work, hospital discharge summaries, psychiatry and/or psychology reports, radiology reports, occupational therapy and other relevant consults.
Fax the form to your local MHSU Center or call 310-MHSU(6478) for more information