University Health Network
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Community Mental Health
Toronto Western Hospital
399 Bathurst St.
9 East Wing
Toronto, Ontario M5T 2S8
Telephone: (416) 603-5349
Facsimile: (416) 603-5661

Asian Initiative in Mental Health

REFERRAL

Referring Doctor: _____ Physician's Billing #: _____

Primary Doctor: Yes ❑ No ❑ (please specify) _____

Address: _____

_____

Telephone: _____ Fax: _____

Patient Information:

Name: _____ DOB: _____/_____/_____
YY MM DD

Health Card #: _____ Sex: Male ❑ Female ❑

Address: _____

_____

Telephone: Home _____ Cell _____ Business _____

Alternative Contact Number: _____

Mother Tongue: _____ Dialect: _____ Preferred Language: _____

Consultation Requests: (please check ☑ all that applies)

Diagnostic Clarification	❑	Medication Consultation	❑
Crisis Intervention (urgent)	❑	Counselling/Psychotherapy (waiting list)	❑
Reassessment	❑	On-going follow-up	❑

Brief description of history of present illness: (Please forward recent lab. results and relevant reports)

Past Psychiatric History: (including previous psychiatrists, medications, hospitalizations, etc.)

Past Medical History: (including medical conditions, surgeries, hospitalizations, etc.)

Current Medications:

Allergies:

Additional Information:

Criminal/Legal Issues Pending:	No ❑	Yes ❑	_____
Chemical Dependency:	No ❑	Yes ❑	_____
History of Self Harm:	No ❑	Yes ❑	_____
History of Aggression:	No ❑	Yes ❑	_____

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