

PART 4 – PARENT AND LEGAL GUARDIAN INFORMATION

PLEASE LIST ALL PARENTS AND/OR LEGAL GUARDIANS

SURNAME _____ FIRST NAME _____
RELATIONSHIP _____ PHONE _____ LEGAL GUARDIAN

SURNAME _____ FIRST NAME _____
RELATIONSHIP _____ PHONE _____ LEGAL GUARDIAN

SURNAME _____ FIRST NAME _____
RELATIONSHIP _____ PHONE _____ LEGAL GUARDIAN

PLEASE TICK IF THERE ARE ANY ONGOING CUSTODY AND/OR ACCESS ISSUES

PART 5 – REASONS FOR REFERRAL – PLEASE COMMENT IN ALL SECTIONS

PSYCHIATRIC REASON FOR REFERRAL

BRIEF HISTORY OF PSYCHIATRIC CONCERNS

ALL SIGNS AND SYMPTOMS OF PSYCHIATRIC DIFFICULTIES

SAFETY CONCERNS INCLUDING PAST OR PRESENT RISK OF HARM TO SELF OR OTHERS

SUBSTANCE USE CONCERNS INCLUDING PAST OR PRESENT ALCOHOL USE AND DRUG USE

PART 6 – MEDICAL INFORMATION

RELEVANT INVESTIGATIONS COMPLETED AND RESULTS

CURRENT MEDICATIONS INCLUDING DOSE AND DATE BEGAN

ALLERGIES

KNOWN MEDICAL CONDITIONS

**PLEASE FAX ALL RELEVANT CONSULTATION REPORTS AND ANY ADDITIONAL INFORMATION TO
604-875-2099**