YOUTH PSYCHIATRY URGENT ASSESSMENT REFERRAL FORM

SERVICE DESCRIPTION

ELIGIBILITY FOR THIS SERVICE

Urgent outpatient assessment of a youth who has presented in psychiatric crisis to the Sunnybrook Emergency Department.

	Youth ages 14-18,
	□ living in Metro Toronto ("the 416"),
	<u>currently in crisis</u> (i.e., at significant risk of harming themselves or others)
	☐ <u>and</u> experiencing <u>any</u> of the following psychiatric symptoms:
	□ depressive symptoms
	□ manic symptoms
	□ severe anxiety
	□ psychosis
	Referrals from Emergency Physicians, Psychiatric Emergency Services (PES) Nurses, Psychiatry staff, and Psychiatry residents only.
<u>IN</u>	<u>IELIGIBLE</u> PATIENTS
	Youth not currently in crisis . Their primary care physician can refer them for an outpatient assessment by contacting the Division of Youth Psychiatry's intake coordinator at 416-480-6096 (fax 416-480-6818)
	Youth currently under the care of a psychiatrist should be referred back to their psychiatrist for continuing care.
	Youth with any of the following as a PRIMARY problem are <u>INELIGIBLE</u> for Urgent Assessment:
	☐ Eating Disorder – should instead be directed to call NEDIC (1-866-633-4220) for information about the nearest eating disorder program
	☐ Substance Abuse — should instead be directed to call DART (1-800-565-8603) for information about local substance abuse programs
	□ Developmental Disabilities – should instead be directed to call the Griffin Centre (416-222-1153) for information about programs to support youth and families
	Disruptive Behaviour Disorders (ADHD, Oppositional Defiant Disorder, Conduct Disorder) – should instead be directed to call Youthdale (416-363-9990) if the youth is <16 or mental health services at their local hospital
	Youth outside Metro Toronto ("the 416") should be directed back to their family physician or to access mental health services through their local hospital.
	Youth requiring inpatient psychiatric care . Contact the Psychiatric Emergency Services team or the Psychiatry resident on call.
Rŀ	EFERRAL PROCESS
	Complete the referral form and leave it in the Psychiatry (PES) mailbox at the front nursing station of ER. The patient/family will be contacted within 72 hours of the referral to schedule an appointment.

YOUTH PSYCHIATRY URGENT ASSESSMENT REFERRAL FORM

	Health Card #					
DATE://						
LAST NAME	FII	RST NAME		INI7	TIAL	
ADDRESS: (Number and Street)			· · · · · · · · · · · · · · · · · · ·			
City		Apartment	Postal Co	de		
TELEPHONE: Home ()		_ Business (Ext	-
GENDER (Please circle): MALE	FEMALE	OTHER: _				
D.O.B.: (yy/mmm/dd)		AGE				
REFERRING PHYSICIAN:			BILLIN	NG #		_
FAMILY DOCTOR:						_
48 186-08 F-314 Xni Foldo-08		mitale coordin				
REASON FOR REFERRAL:					**	so privately
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PREVIOUS PSYCHIATRIC TREA	TMENT:	INPATIENT OUTPATIENT		YES _ YES _	NO NO	
COMMENTS:						
						-

□ PLEASE ATTACH COPY OF EMERGENCY REPORT

Resource Phone List

*A more comprehensive, annotated version of this list is available at sunnynet.ca/Default.aspx?cid=111780.

Crisis Lines

 Kids Help Phone
 1 800 668-6868

 Parents Help Line
 1 888 603-9100

Community Crisis Response Service 310-COPE (2673) York Region only

Hostels

Street Helpline 416 392-3777

Youth Mental Health Agencies / Counselling Services

Central Toronto Youth Services416 924-2100Delisle Youth Services416 482-0081East Metro Youth Services416 438-3697George Hull Centre416 622-8833Griffin Centre416 222-1153Kinark Child and Family Services1 888 454-6275

New Path Youth and Family Services 705 725-7656 York Region only

Oolagen Community Services 416 395-0660
Parents for Youth 416 921-8092
Turning Point Youth Services 416 925-9250
Youthlink 416 967-1773

Substance Abuse

Breakaway 416 234-1942 Helping Youth Towards Solutions (HYTS) 416 222-1153 Hospital for Sick Children 416 813-5097

CAMH 416 535-8501 ext. 1730

Eating Disorders

Hospital for Sick Children 416 813-7195 North York General Hospital 416 756-6750 Sheena's Place 416 927-8900

UHN – General Site 416 340-6750 ≥18yrs. only

Child Welfare

Children's Aid Society 416 924-4646
Catholic Children's Aid Society 416 395-1500
Jewish Family & Child Services 416 638-7800
York Region Children's Aid Society 1 800 718-3850