

CLINIC USE ONLY	
Date Received _____	DD/MM/YY
Urgency _____	

Interprofessional Primary Care Team Referral Form

PATIENT INFORMATION

Name	Health Card Number	Work Phone
Address	Gender Identity	Home Phone
	Date of Birth DD/MM/YY	Mobile Phone

Patient informed of Referral Yes No

Is this the patient's first referral for IPC Team care? Yes No

CLINICAL INFORMATION (Please check all that apply)

Reason for Referral
 Comprehensive Assessment Treatment Management Other _____

Urgency
 Immediate First Available

Reasons: _____

MENTAL HEALTH DIAGNOSIS/SYMPTOMS

Other Relevant Information:

Current Treatment	Yes	No	Evaluation Scores	Is the patient attached to any of the following?	Yes	No
Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	GAD-7 <input type="text"/>	Counselling Services	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	PHQ-9 <input type="text"/>	Psychiatry Services	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>		Workplace EAP	<input type="checkbox"/>	<input type="checkbox"/>
				Home and Community Care	<input type="checkbox"/>	<input type="checkbox"/>

Physician Name	Signature	Date
Address	Tel	Fax

In order to better serve your clients, the Interprofessional Primary Care (IPC) Team would like to initiate referrals to other healthcare professionals within the IPC Team and DCHC programs based on client goals.

Please check here if you agree to referrals to other services.

Please attach the current medical diagnosis(es), current medications, and relevant clinical reports, including consultation notes, clinical evaluation, and most recent blood results.

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EXCLUSION CRITERIA - IPC PROGRAM

1. Patients who are actively suicidal/homicidal or have a clear plan
2. Severe anxiety/agitation
3. Acute psychosis or uncontrolled bizarre behaviour
4. Concern for patient’s welfare - acute conflict or unstable
5. Acutely intoxicated or severe alcohol and/or substance use

PATIENT ACCEPTANCE CONDITIONS

Clients with:

1. Mental health conditions that can be supported by an interprofessional team approach.
2. Social economic characteristics that are a barrier to accessing care.
3. Complex health needs that can benefit from integration of medical management and social support services.
4. At least 14 years of age
5. Must reside in the Durham Region

IPC TEAM MEMBERS

Role	Practice Description
Nurse Practitioner	<ul style="list-style-type: none"> • Conducts mental health assessment, medication prescription and titration, diagnostic clarification, and non-pharmacological mental health interventions • Provides comprehensive collaborative short-term primary care, and clinical assessment and treatment • Provides coordination of care with internal and external agencies as appropriate to the client’s needs
Therapist	<ul style="list-style-type: none"> • Conducts biopsychosocial assessments and provides evidence-based psychotherapeutic counselling interventions (e.g. Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Solution Focused Brief Therapy, Motivational Interviewing, etc.) for referred clients • Develops comprehensive care plans with internal/external agencies