

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg <i>Caring for Health À l'écoute de notre santé</i></p> <p>Guideline for Completion of a Regional Form</p>	<p>Form Name: Centralized Psychiatric Consultation Service for Adults Referral Form</p>	<p>Form Number: <i>Per site specifications</i></p>
	<p>Approved By: Community Health Information Committee Centralized Psychiatric Consultation Service</p>	<p>Pages: 1 of 1</p>
	<p>Approval Date: December 1, 2014</p>	<p>Supercedes: New</p>

1.0 Form Purpose:

The purpose of the Centralized Psychiatric Consultation Service for Adults Referral Form is:

- 1.1 To record patient's demographic and personal health information for the purpose of obtaining a non-urgent psychiatric consultation.
- 1.2 The information on the form is utilized for triage of the referral.

2.0 Definitions:

- 2.1 N/A

3.0 Used By:

- 3.1 Primary care providers which include family physicians and nurse practitioners.

4.0 Guidelines for Completion:

- 4.1 Access and print form.
- 4.2 The referral form has many prompts and options. Read the instructions carefully and complete ALL the sections.
- 4.3 Gather required information from the patient, as well as collateral sources.
- 4.4 Ensure patient is in agreement with the referral and is aware of the process.
- 4.5 Forward copies of all pertinent health information, as required. Consent for Release of Information may be necessary to obtain records.
- 4.6 Sign and fax the form to the Centralized Psychiatric Consultation Service at 204-787-4879 at the Health Sciences Centre.

5.0 Filing/Routing Instructions:

- 5.1 Both the sender and the recipient of the referral keep a copy of all referral forms for filing in the correspondence section of the patient's health record, according to their specific program standards.
- 5.2 The form is faxed, marked as delivered to the receiving person/program.
- 5.3 If mailed or delivered, a copy is made and retained by the sender for filing in the patient's health record.