



**Request for Psychiatry Consultation  
Diagnostic Clarification or Pharmacotherapy Advice**

The Department of Psychiatry at the IWK Health Centre will provide a one-time consultation to family physicians and pediatricians who want to continue to care for a referred patient, but need some advice from a psychiatrist. Psychiatrists are available to consult with physicians by phone or to examine the patient in a scheduled appointment.

This consultation process does **not** include on-going psychiatric care for the patients; it only provides consultations for specific questions from the family doctor or another type of specialist. The consultation is designed to build capacity for mental health/addictions care in our non-psychiatry colleagues.

**Referral date:** \_\_\_\_\_ **HCN:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **D.O.B. (dd/mm/yyyy)** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_ **Contact Numbers: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Address:** \_\_\_\_\_

**Reason for referral:**     Clarification of diagnosis                       Advice regarding pharmacotherapy

**Service Requested**             Phone Consult with Psychiatrist             In Person Appointment for youth/family

Name of Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

For a phone consult, what phone number should we call: \_\_\_\_\_

Will you continue to follow patient for ongoing care?                       **Yes**     **No**

Is another health care clinician involved (e.g. therapist, counsellor)?                       **Yes**     **No**

If so, please provide contact information if known: \_\_\_\_\_

Has the patient been referred elsewhere for mental health or addictions service?     **Yes**     **No**

Please provide a brief summary of referral question and pertinent details of patient’s history. Include recent investigations ordered/pending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please include a completed **Central Referral Form** along with this request.*

**Please fax form to IWK Central Referral at 464.3008  
or call 464-4110 or 1.855.922.1122**