Canadian Mental Health Association Durham
Helping people move forward

Nurse Practitioner Led Clinic
60 Bond Street West, 2nd Floor
Oshawa, Ontario
Tel: (905) 436-9945
Fax: (905) 436-9313

Referral to the Nurse Practitioner Led Clinic

Patient Contact Information:

Affix client label here

Psychiatrist: _____

Current Pharmacy: _____

Mental Health Diagnosis and/or alerts: _____

Allergies: _____

RISKS:

- ☐ Violence towards others
- ☐ Violence towards self
- ☐ Violence towards property
- ☐ Sexual aggression
- ☐ Suicide
- ☐ Falls *(if yes, please describe functional mobility/ assistive devices)*:_____
- ☐ Concealing weapons
- ☐ Fire-setting
- ☐ Any other risks: _____

Legal Involvement/ Status: *(if no legal involvement, leave this section blank)*

- ☐ Criminal record
- ☐ Current charges *(if yes, please describe)*: _____ _____
- ☐ NCR
- ☐ Past charges *(if yes, please describe)*: _____ _____

Reason for Referral:

- ☐ Needs a Primary Care Provider
- ☐ Clozapine Monitoring
- ☐ Depot Injection Clinic

Referral Source Contact Information *(must be included)*

Name: _____ Contact Number: (_____) _____

Date of Referral: _____ (mm/dd/yy)

We are happy to accept this referral provided that you have included ALL necessary information:

For Depot:

1.) Prescription for Depot Injection
2.) Medication Reconciliation
3.) Date of last dose
4.) Discharge Summary

For Clozapine:

1.) CSAN # with ordered frequency of lab work
2.) Most recent ECG
3.) Medication Reconciliation
4.) Discharge Summary

***Please fax this form to the Nurse Practitioner Led Clinic Receptionist at (905) 436-9313.**