



CHILD and YOUTH MENTAL HEALTH REFERRAL

CHILD AND YOUTH MENTAL HEALTH PROGRAM – KHSC (HDH Site)

PHONE: 613-544-3400 ext. 3406 | **FAX:** 613-544-7623 | **EMAIL:** CYMHIntake@kingstonhsc.ca

Date of Referral: _____ **Doctor or Nurse Practitioner (print):** _____
(yyyy/mm/dd)

Telephone: _____ **Family Health Team (if applicable):** _____

Name of child/youth (print): _____ **Date of Birth:** _____

OHIP: _____ - _____ **Telephone (Home/Mobile/Work):** _____
(yyyy/mm/dd)

Address: _____

Caregiver/Parent: _____ **Relationship:** _____

Is the parent or youth aware that this referral has been made? Yes No **Chart Number:** _____

Patient resides in following county: Hastings Lanark Leeds & Grenville Northumberland Prince Edward

If you are a health care practitioner in **Kingston, Frontenac, or Lennox & Addington (KFL&A)** a referral must be completed through our Centralized Mental Health Triage Link via the Maltby Centre by:

Phone: 613-546-8535, Fax: 613-546-3881 or Email: CYMHTriage@maltbycentre.ca

Presenting Concern/Reason for Referral (provide as much detail as possible):

Relevant Medical or Psychiatric History:

Current Medications (include herbal supplements, prescriptions non-prescription medication or naturopathic remedies):

Previous or current psychiatric/community mental health involvement (provide as much detail as possible):

I have attached previous psychiatric reports, psychoeducational testing or other relevant assessments

✓ Consider first accessing your local Children's Mental Health Services prior to making a referral or if in crisis to your local Emergency Department.

✓ Advise your patients that appointments are prioritized based on acuity, there is a wait list for services, and we provide assessment and short term intervention. Your patient may be seen by a Psychiatrist, Resident, Fellow, Allied Health Clinical Team Member or Students/Learners.