Print Form

Emergency Psychiatric Consultation (EPC) - Psychiatrist Reporting Form

CONTACT INFORMATION

Name of Psychiatric Consultant:		Date of Contact:	
Name of Referring Agency:		Site Name:	
Agency Contact Name:		Time of Contact:	hours

REFERRAL DETAILS

Gender of Child/Client:	○ Male ○ Female	Initials of Child/Client:		Age of Child/Client:		yrs	Date of Birth of Child/Client:

PRIMARY Reason for Referral (check only ONE)

- ○ Suicidal
- ○ Homicidal
- ○ Depression
- ○ Aggression
- ○ Non-suicidal self harm
- ○ Severe Anxiety
- ○ Parent/Child Conflict
- ○ Substance Intoxication
- ○ Psychoses
- ○ Emergency Meds Review
- ○ Emergency Medical Intervention
- ○ Other (please describe below)

Other Reasons for Referral (check as many as apply)

- ☐ Suicidal
- ☐ Homicidal
- ☐ Depression
- ☐ Aggression
- ☐ Non-suicidal self harm
- ☐ Severe Anxiety
- ☐ Parent/Child Conflict
- ☐ Substance Intoxication
- ☐ Psychoses
- ☐ Emergency Meds Review
- ☐ Emergency Medical Intervention
- ☐ Other (please describe below)

CONSULTATION

- ☐ Phone Consult
- ☐ Psychiatric Face-to-Face Contact with Client

Time of phone consult:

Time of Face-to-Face (if applicable):

PSYCHIATRIST'S CLASSIFICATION OF REFERRAL

- ○ Emergency
- ○ Urgent
- ○ Neither

If "neither", please describe:

OUTCOME (Psychiatrist's Recommendations) Check as many as apply

NOTE: "Outcome" refers to the immediate outcome specific to the Emergency Psychiatric Consultation, regardless of whether over the phone or face to face contact. Example: If the Emergency Psychiatrist refers youth to the Emergency Department, that is the EPC outcome, even if the ER physician later admits youth to hospital.

Please check box(ex) according to the outcome of the assessment.

- ☐ Return to Community Clinician
- ☐ Medication Adjustment
- ☐ Referred to Family Doctor
- ☐ Referred to regular Psychiatrist
- ☐ Child & Adolescent Intake
- ☐ Crisis Intake Team
- ☐ Called Police
- ☐ Called CAS
- ☐ Medical Clearance before Psych consult
- ☐ Admitted to Hospital
  - Name of Hospital:
  - Transported by:

Other Outcome (describe)

SUGGESTIONS FOR CHANGE

In what ways could this EPC service be improved?

Fax or E-mail completed form within 72 hours to: Kate Vlemmix (LFCC) Fax: (519) 675-7772 E-Mail: kate.vlemmix@lfcc.on.ca