



MOOD DISORDERS ASSOCIATION  
OF BRITISH COLUMBIA

A BRANCH OF



**Lookout**  
Housing + Health Society

## Adult Psychiatric Clinic REFERRAL Form

### Patient Information

NAME: Last \_\_\_\_\_ First \_\_\_\_\_

PHN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone: \_\_\_\_\_

### Referring Practitioner

Name: \_\_\_\_\_ MSP BILLING NUMBER \_\_\_\_\_

Office Address \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Reason for Referral - Attach collateral information such as EMR notes, previous consults, and hospital discharge summaries.**

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**Aggressive Behaviour:** YES \_\_\_ NO \_\_\_ \*If answering yes, please describe behavior(s) and whether it is current or past behavior:

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**Suicidal / Psychotic Behaviour:** YES \_\_\_ NO \_\_\_ \*If answering yes, please describe behavior(s) and whether it is current or past behavior:

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**Legal Charges:** YES \_\_\_ NO \_\_\_

**Medications/Allergies:**

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**Mood Disorders Association of B.C.** A branch of Lookout Housing and Health Society

480 – 789 West Pender Street, Vancouver, BC V6C 2X1

T: 604-873-0103 F: 604-873-3095 E: info@lookoutsociety.ca www.mdabc.net



Has the patient had previous contact with mental health professionals including school counselors, psychologists, social workers?

YES \_\_\_\_\_ NO \_\_\_\_\_ \*If answering YES, please list the professionals and whether there is ongoing contact

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### MDABC Psychiatric Teleconsult Service

Are you aware you can contact us for psychiatric advice on any of your referred patients through our MDA Teleconsult Service?

#### Additional Options & Support for the Referring Practitioner:

“I am **not sure I need a full psychiatric consult** for this patient referral. I might be able to manage this patient on my own if I had some immediate phone advice from one of your psychiatrists”

*(If you select this option, one of our psychiatrists will contact you within 48 hours of MDA receiving this completed referral form to allow the patient information to be entered into our database. Through interaction with the psychiatrist, you will be offered advice on your patient. Then you and the psychiatrist will decide whether your referred patient still requires a full psychiatric consult)*

“My patient has **already been referred** to the MDA and is on the MDA waitlist. In the meantime, I would like some phone advice from one of your psychiatrists please”

*(Once your patient’s referral has been entered into the MDA database which takes approximately 48 hours, you are welcome to call our office at 604-873-0103 and inform our front staff you are calling for a “Teleconsult call”. You need to provide the name of the patient to our front office staff and one of our psychiatrists will return your call in less than 2 hours)*

**\*\*\*A referral to MDABC needs to be submitted to access either of our MDA Teleconsult Services\*\*\***

GPs are able to bill a conferencing fee of \$40 per 15 mins using the billing codes indicated below:

- G14077: Attached physicians
- 14066: Non-attached physicians

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