Holland Bloorview
Kids Rehabilitation Hospital

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Kids Rehabilitation Hospital
150 Kilgour Road
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A teaching hospital fully affiliated
with the University of Toronto

Please have this form signed by family pediatrician/physician.

To whom it may concern:

Your patient has been referred to the Holland Bloorview Psychopharmacology Clinic, either by yourself or another health care practitioner. One of our intake/referral expectations is that **pediatricians/family physicians** play an active role in the treatment of their patients. We will provide assessment and a treatment plan for your patients' behavior problems. In some cases, treatment may be initiated by the clinic, however, once stabilized, the patient will be returned to you for ongoing care, including pharmacotherapy.

Please sign this form and return and fax back to our office fax: 416-422-7036. We will proceed with booking an appointment **only** when both this letter and the **Pre-Clinic Required Information** form are received by our intake department. If your patient does not have a primary care family doctor or pediatrician please access http://health.gov.on.ca/en/ms/healthcareconnect/public/ or http://www.health.gov.on.ca/en/common/system/services/chc/locations.aspx in order to connect family to primary care physician

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Family Doctor/Pediatrician Signature _____ Date _____

Please Print Name _____ Date _____

HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL

Psychopharmacology Clinic

Pre-Clinic visit Required

Information form

Health Professional

Patient Information:

Name	**Sex: M F**	**DOB:**	**Age:**
Address			
Daytime Phone #			
Health Card # **(+ Version Code)**			
Weight:		**Height/Length:**	

Name of Referring Health Professional: _____

Referring Physician Billing? #:_____Phone #: _____

Name of Primary Care Physician if not referring physician _____

Date of Referral: _____

Reason for Referral: _____

_____

Other current or outstanding referrals for behavior/psychiatry/medication consult for behavior:

_____

_____

Other specialty involvement (include name of professional)

- ☐ Psychiatry: _____
- ☐ GI specialist: _____
- ☐ Neurology: _____
- ☐ Other – specify: _____

Medical Diagnoses:*

- ☐ ASD
- ☐ Global developmental delay
- ☐ Genetic disorder
- ☐ Sleep issue (describe):
- ☐ GI issue (describe):
- ☐ Other (describe):
- ☐ ADHD
- ☐ Intellectual disability
- ☐ Seizure disorder

Current Agency involvement and therapies:

☐ Speech language pathology
☐ Occupational therapy
☐ Behavior service (specify agency)*:_____
☐ Ontario ABA program
☐ Community case management (specify agency): _____
☐ Other (describe):_____
☐ Respite
☐ Child Protection Services (i.e. CAS, CCAS)

*Referral to behavior services is strongly recommended at/prior to referral. Date of referral:_____

Communication

☐ Verbal
☐ Non-verbal - how does child communicate? _____

MEDICATION HISTORY

Allergies:

Current medications (please include PRN medications) –if more please attach additional information

Prescriber	Medication name	Indication	Dose	Frequency	Duration of treatment	Effectiveness/ Response	Side effects	Other comments

Previously trialed medications (please include PRN medications)

Prescriber	Medication name	Indication	Dose	Frequency	Duration of treatment	Effectiveness/ Response	Side effects	Reason for discontinuing and other comments

Other medication relevant information: _____
_____

Behaviors of concern:

- ☐ Aggression
- ☐ Hyperactivity/Impulsivity
- ☐ OCD-like behaviors
- ☐ Anxiety
- ☐ Self-injury
- ☐ Inattention
- ☐ Irritability

Investigations

Pre visit requirements for children on atypical antipsychotics (please include with referral)

- ☐ CAMESA guidelines bloodwork (fasting glucose or HA1C, lipid profile, LFT, prolactin)
- ☐ ECG

Other investigations/reports to be sent if **available/relevant**

- ☐ EEG
- ☐ MRI
- ☐ Diagnostic report
- ☐ Psychiatry report
- ☐ Genetic bloodwork
- ☐ Psychoeducational/psychology assessment
- ☐ SLP report
- ☐ OT report
- ☐ Behavior report
- ☐ Other

PLEASE FILL OUT THIS FORM AND RETURN IT AS SOON AS POSSIBLE TO:
(APPOINTMENT WILL NOT BE BOOKED UNTIL THIS COMPLETED FORM IS RECEIVED)

Client Appointment Services
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Revised**:** February 23, 2017