Halton Healthcare

The **Mental Health and Law Clinic** at Halton Healthcare Services will service patients, who are 18 years +, residing in Oakville, Milton or Georgetown, who are involved with the legal system and presenting with a mental health issue. The patient does not necessarily have to have a confirmed diagnosis but can present with mental health symptoms.

**Referral Process**:

All referrals must be made by a family physician, however if the patient does not have a family physician, the patient can obtain a referral from a walk-in clinic. The attached referral form must be completed by the physician and fax to 905-845-6419.

If the patient is in crisis, they may attend the emergency room department and if deemed appropriate by the Crisis Clinician in consultation with the on-call psychiatrist, the patient will be referred to the Mental Health and Law Clinic. It should be noted that the wait time for a Crisis Assessment in the Emergency Department can be very lengthy and therefore this is not a recommended method unless the patient is in Crisis.

**Services Provided:**

The Mental Health and Law Clinic will provide the following services;

- Psychiatric Assessment
- Medication review and recommendations
- Psychotherapeutic Management of various disorders
- Regular follow up by the psychiatrist as deemed appropriate.

**Goal of the Clinic:**

The Mental Health and Law clinic along with community partners, such as CMHA, Probation Services and Correctional Facilities will provide a coordinated and timely service with the goal of ensuring;

- that patients needs are being met,
- that patients are being seen in a timely manner and
- that the courts receive the assessment and treatment recommendations in a timely manner.

## Community Partners:

While all requests must come through a physician referral, the following programs are a few of the services that are encouraged to initiate the request on behalf of the client, as they will have the opportunity to detect concerns early. The services are as followed;

- Court Diversion Program
- Probation Services for Probation Ordered treatment
- Patients released from Correctional Facilities, such as Maplehurst or Vanier with Mental Health Issues

While all assessments will be sent back to the referring physician, the aforementioned services must have the patient sign a Release of Information in order for the assessment to be sent to them, as they are not deemed within the circle of care within healthcare.

## Exclusionary Criteria:

The Mental Health and Law Clinic will not conduct Fit Assessments, as this must be administrated in a Forensic Psychiatry setting, such as St. Joseph's Hospital in Hamilton. We will also not conduct third party assessments for CAS or lawyers.

## Location of Clinic:

The Clinic is located at 700 Dorval 6th floor, Oakville, Ontario. Patients will be seen on Mondays and Wednesdays. The clinic will operate 4 hours a week within those two days. There is no cost for this service to the patient, the community or the courts; however requests for any reports, such as assessments or discharge summary will follow the hospital fee system.

## Protocol for Halton Healthcare Services:

1) A referral is received for the Mental Health and Law Clinic.
2) Patient is booked in for an assessment at the earliest available appointment for the psychiatrists.
3) Once the assessment is complete and the psychiatrist has finalized the report, the assessment will be sent to the referring source, i.e., family physician.
4) Once a Release of Information is signed permitting HHS to share the assessment with any external service, the assessment will be sent to the organization upon their request.
5) Follow up will be determined by the psychiatrist as deemed appropriate.

***All sections MUST be completed – please include recent consultations and ensure client is aware of referral.***

**Halton Healthcare Services**
Georgetown / Milton / Oakville

700 Dorval Drive, 6th Floor - Oakville, ON L6K 3V3
Phone: 905-338-4432

Mental Health Program

# Ambulatory Psychiatric Services Referral

| Referral Date | Unique # |
|---|---|
| | |

Patient Name: _____

Address: _____

_____

Telephone: (H) _____

(W) _____

(Cell) _____

Marital Status: _____ DOB: _____ ☐ Male ☐ Female

Health Card #: _____ (OHIP)

If Under 16 Years of Age

Custody: ☐ Mother ☐ Father ☐ Joint ☐ Other: _____

Name of parent(s) / guardian(s): _____ Telephone(s): _____

| Family Physician | Physician's Billing Number | Phone Number | Fax Number |
|---|---|---|---|
| | | | |

REASON FOR REFERRAL / NATURE OF PROBLEM – (We will NOT provide psychiatric consultations for custody, court or LTD purposes.)

DSM-IV Diagnosis – (If known) _____

_____

_____

Additional Requirements for Eating Disorder Program (see over)

CURRENT MEDICATIONS – DOSAGE AND FREQUENCY

| Psychiatric | Other |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

MEDICAL CONDITIONS / ALLERGIES/ CURRENT LABORATORY RESULTS - (including results from other hospitals.)

_____

_____

PAST AND PRESENT PSYCHIATRIC / MENTAL HEALTH TREATMENT

_____

_____

_____

| History of aggression and/or violent behaviour: ☐ No ☐ Yes | Pending Charges: ☐ No ☐ Yes |
|---|---|
| If "Yes", please explain: _____ | If "Yes", please explain: _____ |

Does the client have a history of:

| | | |
|---|---|---|
| Alcohol Abuse | ☐ No ☐ Yes .....Current? | ☐ No ☐ Yes |
| Drug Abuse | ☐ No ☐ Yes .....Current? | ☐ No ☐ Yes |

REFERRAL BY: ☐ Psychiatrist (Name _____) ☐ Physician (Name: _____)

☐ Crisis ☐ 2 East ☐ CAPIS

**FOR OFFICE USE ONLY**

☐ Outpatient Psychotherapy ☐ Mental Health Day Program ☐ Medication Clinic ☐ Community Support ☐ CTO-Bill 68 ☐ Homes Program
☐ Concurrent Disorders Program ☐ Eating Disorder ☐ Child & Youth Services ☐ First Episode ☐ Mental Health & Law Clinic

Halton Healthcare Services – GH/MDH/OTMH
Mental Health Program

AMBULATORY PSYCHIATRIC SERVICES REFERRAL

| Patient Name | Referral Date | Unique # |
|---|---|---|
| | | |

**Additional Requirements Needed for EATING DISORDER PROGRAM only:**

If Body Mass Index (BMI) is less than 16.5:
- *the patient needs to be referred to an inpatient program and cannot be accepted into our program.*

If Body Mass Index (BMI) falls below 16.5 during a patient's stay in our program:
- *they will be immediately referred to an inpatient program;*
- *follow-up care directed back to family physician for medical management until treatment is available.*

| | | | | |
|---|---|---|---|---|
| Restriction Intake | ☐ No | ☐ Yes | Duration: | _____ |
| Bingeing (enormous quantity of food in very little time) | ☐ No | ☐ Yes | Frequency: | _____ |
| Vomiting | ☐ No | ☐ Yes | Frequency: | _____ |
| Abusing Laxatives | ☐ No | ☐ Yes | Frequency: | _____ |
| Exercising Excessively (more than 7 hrs/week) | ☐ No | ☐ Yes | Frequency: | _____ |
| Age of onset: _____ | ☐ No | ☐ Yes | Frequency: | _____ |

Date of last menstrual period: _____ (If amenorrhea > 6 months, please order bone density.)

BP: _____ Pulse: _____ Present Height: _____ Weight: _____ lbs/kg

Weight Change: ↓ _____ ↑ _____ over _____ (period of time)

Please include the following information:
- Clear copy of recent ECG and bloodwork.
- If adolescent/teen, also include growth charts.

Please include results of the following investigations:

| | |
|---|---|
| ☐ CBC + differential | ☐ ESR |
| ☐ RBC Folate, Vitamin B12 | ☐ TSH |
| ☐ Glucose | ☐ Amylase |
| ☐ Urea, Creatinine | ☐ Urinalysis |
| ☐ Electrolytes, Calcium, Magnesium, Phosphate | |
| ☐ AST, ALT, GGT, Alkaline Phosphatase, Bilirubin, Albumin | |

**The Family Physician is responsible for the medical monitoring of their patient during their participation in the program (preferably on a bi-weekly basis).**

**Upon discharge, the patient will be referred back to the referral source.**

**FOR OFFICE USE ONLY**

Referral Received: _____ Reviewed: _____ Appointment: _____