St. Paul's Hospital
John Ruedy Immunodeficiency Clinic
1081 Burrard Street, Vancouver, B.C.
V6Z 1Y6
604-806-8060 (ph) 604-806-9311 (fax)

Name:

DOB:

PHN:

Address:

Phone:

Emergency Contact:

IMMUNODEFICIENCY CLINIC
MENTAL HEALTH REFERRAL

Date of Referral: (MMDDYYYY)

Referral Source
□ Within IDC
□ Within IDC Mental Health Person
□ Within SPH ((e.g., 10C, Psychiatry etc)
□ External (e.g. Spectrum, CFE)

Referring Person -Phone

_____

Date of Intake by MH Team: (MMDDYYYY)

Problems leading to referral (check all that apply)

□ Depression
□ Disordered eating
□ Adjustment Problems
□ Bipolar Disorder
□ Current Effects from Trauma
□ Situational crisis
□ Treatment Adherence
□ Other (describe)

□ Anxiety
□ Drug Alcohol problem
□ Current relationship problem
□ Psychosis
□ Personality disorder
□ Cognitive impairments
□ Medication Review

Brief Description/Relevant History* **Attach relevant consults and current med list/treatment***

Client preference regarding treatment type?

Medication	□ Yes □ No (i.e. does not want)
Psychotherapy	□ Yes □ No (i.e. does not want)
Psychosocial Support	□ Yes □ No (i.e. does not want)

If you have questions about making a referral, please contact Joanne Schwartz at 604-682-2344, ext 62890

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For MH Team Use Only

Disposition from MH Intake

□ Mental Health GP
□ Social Work
□ Psychiatry
□ Addictions
□ Psychology
□ Psychiatric nurse
□ External Resources_____

Drop In (i.e. did not first go through MH Intake) □ Yes □ No

Date	Provider Profession	S/NS NC/DS	GAF PP	SOFAS	GAF	Discharge

**S- show NS-no show NC-contact never established DS- declined services

Treatment Provider's identified issues (After treatment is initiated or at D/C):

□ Depression
□ Disordered eating
□ Adjustment Problems
□ Bipolar Disorder
□ Current Effects from Trauma
□ Situational crisis
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□ Other (describe)

□ Anxiety
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