Alberta Health Services

Affix patient label within this box

Developmental Psychiatry Consultation and Complex Management Clinic Visit Referral

Alberta Children's Hospital, Child Development Services

- Refer to inclusion/exclusion criteria on the Alberta Referral Directory
- Complete all fields of the referral form
- Attach any required/completed reports, notes, or assessments, etc.
- Ensure the appropriate people are aware of referral *(Family Physician, Pediatrician, Family, Guardian, etc)*
- Call 403-955-5999 for any referral related inquiries

The completed referral form and other relevant documents/information can be Faxed to 403-955-5990

Patient Information *(Or affix patient label)*		**Referring Source** *(Pediatrician, ACH Clinics, Psychologist)*	
Name (Last, First, Middle)		Name	PRACID #
Address	Gender ☐ Male ☐ Female	Phone	Fax
City/Prov	Postal Code	Name of Family Physician/Pediatrician *(if applicable)*	
Personal Health Care #	Date of Birth *(yyyy/mmm/dd)*	Is aware of this referral ☐ Yes ☐ No ☐ N/A	

Primary Caregiver Information (eg. Parent, Foster Parent, Guardian, etc)		
Name (Last, First)		Relationship
Home Phone	Work Phone	Cell Phone
☐ Interpreter Required What language? ___________________________	Parent/guardian is aware of and agrees to this referral ☐ Yes ☐ No	
Child & Family Services (CFS)		
Is CFS Involved? ☐ Yes ☐ No	Name of Worker	Phone
If Child and Family Services is the Guardian of the child, are they **aware** of the referral ☐ Yes ☐ No		
Reason for Referral		
What is your primary question for the Developmental Psychiatry Service? What do you want help with?		
Description of child's presentation and/or issues that have led you to this question? *(Attach most recent/relevant medical history, physical exam findings, and encounter and/or consultation notes)* ☐ Indicate if this referral is URGENT as per criteria		

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Relevant Medical Information

List confirmed diagnoses

List which ACH/Richmond Road and/or Mental Health Clinics this child has been seen by or referred to ☐ N/A

Medications - include alternative treatments, vitamins & herbal supplements, etc. *(Attach sheet as needed)*

List imaging, lab work, tests, allied health assessments recently completed. *(Attach all reports)*

Allergies

Developmental Information

Developmental Disorder Diagnoses:

1. ______________________ ☐ Mild ☐ Moderate ☐ Severe
2. ______________________ ☐ Mild ☐ Moderate ☐ Severe
3. ______________________ ☐ Mild ☐ Moderate ☐ Severe
4. ______________________ ☐ Mild ☐ Moderate ☐ Severe

Intellectual Disability (IQ)

☐ Normal range (low average to above) ☐ Borderline ☐ Mild (IQ below 70) ☐ Severe

Adaptive Skill Delay

☐ None / Age appropriate ☐ Mild ☐ Moderate ☐ Severe

The patient has a moderate to severe impairment in their ability to perform age appropriate self-care activities *(eating, dressing, toileting and grooming)*, motor skills or safety rules for example.

Patient's verbal ability

☐ Nonverbal ☐ Minimal verbal ability ☐ Moderate delay ☐ No major problem

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Psychiatric Information

What are the main psychiatric symptoms?

☐ Mood and behavioural dysregulation ☐ Attention ☐ Attachment ☐ Mania ☐ Obsessions
☐ Psychosis ☐ Compulsions ☐ Depression ☐ Anxiety
☐ Other: ______________________________

In what way do these symptoms impact the child's daily functioning at home and at school?

Psychosocial Information

Family Environment

☐ Biological ☐ Adopted ☐ Foster ☐ Residential placement ☐ Blended

Do you suspect family relationship or parenting problems?

☐ Yes ☐ No

Do you believe these are part of the patient's presentation and difficulties?

☐ Yes ☐ No If yes, please briefly explain

Maltreatment

Is there a history of physical, emotional, sexual or medical maltreatment?

☐Yes ☐ No ☐ Suspected

Are there current maltreatment concerns?

☐Yes ☐ No ☐ Suspected If yes or suspected, please briefly elaborate:

Cultural Issues

Please describe any cultural issues or concerns: ☐N/A

Support

Family Financial Status

☐ No problem ☐ Coping ☐ Struggling ☐ Poverty

Are there problems with service delivery (eg. aides, programming, etc)?

☐ Yes ☐ No If yes, please briefly explain: