



Lakeridge
Health

**Lakeridge Health Ajax/Pickering Site
Mental Health Outpatient Services**
Fax: 905-683-8527

**Mental Health Day Treatment Program
Referral Form**

Referral Date: _____

Patient's Name: _____ DOB: _____

Address: _____

Telephone: _____ Health Card Number: _____

Referring Doctor/Psychiatrist: _____

Fax #: _____ Phone #: _____

Programs: Virtual Classes

- Day Hospital
Mon – Fri for 3 weeks (15 groups) 5 groups/week
- Day Treatment
Phase 1: Mon, Wed, Fri for 3 weeks (9 groups) 3 groups/week
Phase 2: Tue & Thu for 3 weeks (6 groups) 2 groups/week

- Individual Telephone Support
(up to 9 week sessions)

Injection/Clozaril Clinic: (only for LH Ajax Psychiatrists')

- Clozaril Clinic
- Depot Clinic

Relevant History or Injection order: (Please attach history or use back of page re: diagnosis, length of illness, problems/stressors, abuse history, etc.)

Date Received: _____ Assigned to: _____