



**Lakeridge  
Health**

**Outpatient Mental Health Referral**

Lakeridge Health Ajax and Pickering Site  
580 Harwood Ave. S, Ajax, Ontario L1S 2J4  
**Phone:** 905-683-2320 x 3275 • **Fax:** 905-683-8527  
**Email:** opmhrva@lakeridgehealth.on.ca

**PLEASE NOTE:** In order to process this referral in a timely manner, please ensure all sections are complete and legible. **We only accept referrals from physicians**

**WE DO NOT ACCEPT REFERRALS FOR COURT RELATED ASSESSMENTS**

**DATE:** \_\_\_\_\_

**MAKE APPOINTMENT WITH:**

- First available doctor
- Dr. Birdi
- Dr. Egbewunmi
- Dr. A. Khitab
- Dr. Thangarooan
- Dr. Yatsynovich

**REFERRING PHYSICIAN**

Physician Name (**CLEARLY** print full name): \_\_\_\_\_

Billing # \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**RELEVANT HISTORY: IMPORTANT**

**History of Psychiatric Hospitalizations/Psychiatric Consult notes:**

Please attach prior discharge summaries/consultation notes, particularly the most recent notes.

**PATIENT DEMOGRAPHICS:** (please **CLEARLY** print)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Gender:  Male  Female OHIP#: \_\_\_\_\_

**REASON FOR REFERRAL:**

\_\_\_\_\_

**Current Medications (IMPORTANT):** (including non-psychiatric) \_\_\_\_\_

\_\_\_\_\_

**Please answer the following:**

	Yes	No	Details
Any history of violence, alcohol or substance abuse			
Any disabling medical illnesses?			
Is this referral related to a disability from employment?			
Is this referral related to current/pending dealings with WSIB, CAS, insurance or Legal involvement?			
History of suicide?			