



**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: opmhlhap@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

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?			