



SENIORS' MENTAL HEALTH PROGRAM **NORTHEAST MENTAL HEALTH CENTRE, NORTH BAY CAMPUS** **REFERRAL FORM**

The Program assists adults > 65 years old with age-related psychiatric disorders. Individuals exhibiting any of a broad range of emotional, cognitive, or behavioural symptoms (usually representing a significant negative change for their previous levels of functioning); will be considered for admission to this tertiary care program.

Persons under the age of 65 who have an age-related mental illness (e.g. a 52 year old with Alzheimer's disease, behavioural dysfunction and depression) will also be considered

An individual must be seen by a psychiatrist for assessment prior to referral and be deemed medically stable prior to acceptance.

Patient Information

Surname: _____ **Given Name** _____

Address: _____ **Telephone:** _____

Health Card # _____ **1st Admission** **Readmission**

Gender: Male: _____ **Female:** _____ **Date of Birth:** _____ **Age:** _____

Referral Source

Name: _____ **Agency:** _____

Address: _____ **Telephone:** _____

Attending Psychiatrist _____ **Telephone:** _____

Fax #: _____



Clinical Information

Diagnosis: Axis I

Axis II

Axis III

Axis IV (psychosocial stressors)

Current Medications:	Compliant? Yes/No

Medical/ Psychiatric History:

History of: (please describe)

Aggression:	Suicidal Behaviour:
Elopement:	Assault:
Other:	

Activities of Daily Living

Mobility:

Continence:

Eating:

Dressing/Grooming:

Sensory impairments:

Bathing:



northeast
mental health
centre

centre
de santé mentale
du nord-est

Campus de North Bay Campus
P.O./C.P. 3010
North Bay, Ontario P1B 8L1
705.474.1200

www.nemhc.on.ca

Please attach any or all of the following:

Medical Assessments

Psychiatric Consults

Neuroradiology (CT, MRI, SPECT, EEG)

Laboratory Investigations

Other pertinent Investigations

Past Discharge Summaries

Signature of Most
Responsible Physician:

Date:

Please forward all completed applications to:

Lori Jean
Bed Manager
Seniors' Mental Health Program
Northeast Mental Health Centre, North Bay Campus
Box 3010, HWY 11 N
North Bay, ON P1B 8L1

(705) 474-1205 x 2420

Fax: (705) 495-7835

For SMHP use only

Date application received:

Date reviewed by Psychiatrist:

Date of response to application:

Application forwarded to: