3G-CHILD & YOUTH MENTAL HEALTH
INPATIENT UNIT REFERRAL FORM

Please fax this completed form and attachments to 905-577-8499 to initiate your referral
Call 905-521-2100, ext 72800 for 3G Charge Nurse

Required supporting documents

Demographics sheet ☐

Best Possible Medication History (BPMH) ☐ Relevant labs, medical reports ☐

Form 1/3 (if applicable) ☐ Form expiry date / time: _____

Niagara Health only: Crisis Social Work collateral form attached ☐ Crisis Social Work N/A ☐

Section 1: GENERAL REFERRAL INFORMATION

Client Information

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Sex assigned at birth ____ Gender Identity _____ HIN# _____

Family Information

Legal Guardian:

(Step Mother/Foster/Adoptive) Mother: Last Name _____ First Name _____

Phone # _____ Alt # _____

(Step Father /Foster /Adoptive) Father: Last Name _____ First Name _____

Phone # _____ Alt # _____

Is there Child Protection Agency Involvement? ☐ No ☐ Yes Details: _____

Threats/acts of violence/aggression within last 24 hours? ☐ No ☐ Yes Details: _____

Referral Type ☐ Emergent ☐ Elective

Referral Source ☐ Inpatient Unit ☐ Emergency Department ☐ Community Provider

Phone # _____

Person completing Section 1: _____ Signature: _____ Date: _____

Section 2: BRIEF PSYCHIATRIC ASSESSMENT (mandatory for acceptance)

******N/A if full consult note is immediately available******

☐ Full psychiatric assessment to follow

Medical Information

Are there any medical concerns? ☐ No ☐ Yes Details: _____

Section 2 Continued: BRIEF PSYCHIATRIC ASSESSMENT (Mandatory for acceptance)

Presenting Problem

_____

_____

_____

Risk Screening

Substance/Alcohol Misuse:	❑ Yes	❑ No	❑ Unknown	_____
Thoughts of Self Harm:	❑ Yes	❑ No	❑ Unknown	_____
Engaged in Self Harm:	❑ Yes	❑ No	❑ Unknown	_____
Thoughts of Suicide:	❑ Yes	❑ No	❑ Unknown	_____
Suicide Attempt(s):	❑ Yes	❑ No	❑ Unknown	_____
Thoughts of Harm to Others:	❑ Yes	❑ No	❑ Unknown	_____
Engaged in Harm to Others:	❑ Yes	❑ No	❑ Unknown	_____
High Risk Behaviour(s):	❑ Yes	❑ No	❑ Unknown	_____
Legal Involvement:	❑ Yes	❑ No	❑ Unknown	_____

Rationale / Goal(s) of admission to 3G _____

Psychiatrist _____ **Signature** _____ **Date/Time** _____

Psychiatrist Contact # _____