



# CHILD & YOUTH TELEMENTAL HEALTH REFERRAL FORM

To be completed by Referring Physician  
(instructions on reverse)

Fax completed form to TeleMental Health Services  
Fax #: 250-519-3545

For Island Health office use  
Encounter #:

MRN #:

### REFERRING PHYSICIAN INFORMATION

Name of Referring Physician \_\_\_\_\_ MSP: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### CHILD/YOUTH CLIENT INFORMATION

Child's Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender:  Male  Female  Prefers not to disclose AGE \_\_\_\_\_ DOB (dd-mm-yyyy) \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

CURRENT Address \_\_\_\_\_

### LEGAL GUARDIAN INFORMATION

Legal Guardian(s) Name(s) \_\_\_\_\_

Relationship to client \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### REASON FOR REFERRAL

**REFERRAL QUESTION and PERTINENT MEDICAL HISTORY** (please state clearly and legibly)

Attach any additional information you feel would be helpful

**ARE THERE ANY CURRENT SAFETY CONCERNS?** Please specify

## PROGRAM INFORMATION AND REFERRAL INSTRUCTIONS

Island Health's Child and Youth TeleMental Health Program allows a patient to "meet" with an out-of-town Child and Youth Psychiatrist using TeleHealth equipment (a video camera, computer monitor, and microphone over a secure network) at a local Island Health facility. **A TeleMental Health Referral Form can be faxed directly from a Family Physician or Pediatrician to TeleMental Health Services.**

### Benefit to patients:

- Faster access to service
- Decreased travel time/cost compared to an in-person consult
- Easier to have family or other local support attend with the patient

### Benefit to local resources:

- Access to Psychiatric consults for children and youth
- Decrease in wait times for patients
- A dictated report from a Child & Youth Psychiatrist to clarify diagnosis and establish a treatment plan

### Is this a crisis service? No.

This program provides consultative services only, where clarification of diagnosis and a proposed treatment plan is desired. (Usually a one-time appointment).

### What is the Referring Physician's role?

- Determine patient suitability for receiving service via TeleHealth – i.e. Patient/Parent willingness to use TeleHealth, patient not acutely ill with psychosis or active suicidal thinking.
- Physician faxes a Child & Youth TeleMental Health Referral Form to Island Health's TeleMental Health Services requesting a Child Psychiatric consultation, noting relevant background on the patient, contact information for the Legal Guardian, and a clear referral question.
- Your referral will be reviewed and if the service is confirmed to be suitable for the patient's situation, Island Health's | TeleMental Health Service staff will contact the Legal Guardian to book a consult. A letter will be faxed to your office to notify you of the booked appointment.
- **Consent, Family, and School Forms** are required to be completed prior to the appointment, and will be mailed to the Legal Guardian. **The Legal Guardian will be directed to submit their completed forms to your office (if they do not have access to a fax machine themselves). We appreciate you then faxing the forms to TeleMental Health Service | Fax # 250-519-3545.**

### Can the patient meet with a psychiatrist in person?

If you or your patient feels the TeleMental Health session has not met mental health care needs, you may revert to following your standard local referral process for an in-person appointment.

### What can the patient expect during a session?

- They can see, hear, and talk to the Child and Youth Psychiatrist
- The patient is not required to operate the equipment
- A family member or other trusted resource can attend with the patient
- If others are present in the room with the patient, the patient has the right to ask that the person(s) leave the room for part of the consult

### How is privacy protected?

All TeleMental Health sessions adhere to the Freedom of Information and Project of Privacy Act. Sessions are not recorded.

**TELEMENTAL HEALTH SERVICE**  
**Child and Youth TeleMental Health Program**  
**1250 Quadra Street | Victoria, BC | V8W-2K7**  
**Phone: 250-519-3583 | Fax: 250-519-3545**