

DATE: _____

FRESH START COMMUNITY CLINICIAN REFERRAL FORM

****Please attach copy of psychiatric assessments, psychoeducational assessments, etc.****

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

TELEPHONE: Patient: (____) _____ OHIP #: _____

Parent: Name: _____ Phone: (____) _____

e-mail: _____

Parent: Name: _____ Phone: (____) _____

e-mail: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M / F / Other

REFERRAL SOURCE:

Family Physician/Pediatrician: Name: _____

OHIP Billing #: _____

Phone #: _____

Fax #: _____

Psychiatrist: Name: _____

OHIP Billing #: _____

Phone #: _____

Fax #: _____

REASON FOR REFERRAL: _____

DIAGNOSES: _____

MOST RECENT SCHOOL & GRADE: _____

LEVEL OF SUPERVISION: _____

MEDICATIONS (PAST & PRESENT): _____

****Please include doses and durations of use; attach additional documentation if you'd like.****

DEVELOPMENTAL DELAY:
YES / NO / UNCLEAR / SUSPECTED

SUBSTANCE ABUSE:
YES / NO / UNCLEAR / SUSPECTED

CHILD WELFARE INVOLVEMENT:
PAST / PRESENT / NO / UNCLEAR

LEGAL INVOLVEMENT: _____

BEHAVIOUR DIFFICULTIES: _____

LEARNING DISABILITIES: _____

BRIEF PSYCHIATRIC HISTORY: _____

ACADEMIC/VOCATIONAL GOALS FOR STUDENT: _____

COMMUNITY SUPPORTS: (case management, therapists, etc.): _____

PLANS FOLLOWING DISCHARGE FROM FRESH START: _____

Please note:

The Fresh Start program has **three core expectations** of our students:

1. **Daily** attendance from 9 AM to 3 PM
2. Willingness to participate in making Fresh Start a **safe therapeutic environment**.
 - This specifically includes but is not limited to (i) refraining from physical violence, (ii) refraining from bullying / cyber-bullying, (iii) not engaging in self-harm / substance use / alcohol use / etc. during program hours, and (iv) maintaining program confidentiality;
3. Willingness to **actively** work on goals related to the mental health issues interfering with their ability to function in a conventional school setting throughout their time at Fresh Start.

Students who are not able to comply with these expectations at the time of referral may not be appropriate for Fresh Start.

Unless specifically discussed with the Fresh Start team in advance of a student's enrolment,

- The Fresh Start team will take over all aspects of the student's mental health care for the duration of their time at Fresh Start, with the expectation that all external mental health care and treatment will be put on hold for the duration of their enrolment.
- Following discharge from Fresh Start, responsibility for the student's mental health care will revert to their previous caregiver(s).

Signature of referring physician

Date