

	<b>Psychiatric Consultation</b>	<b>Outpatient CBT or MBCT</b>	<b>Intensive Live-In and Day Treatment Program</b>
<b>Age</b>	18+	18-65	18-70
<b>Diagnosis</b>	Principal diagnosis is OCD (if there are comorbidities, OCD must be the disorder that causes the greatest amount of daily impairment)		
<b>Severity</b>	Symptoms must be judged as severe (see attached <i>Florida Obsessive Compulsive Inventory</i> )		
<b>Functioning</b>	Patient's functioning is severely impaired		
<b>Primary care</b>	Patient must have GP and ideally a therapist in their community willing to provide ongoing medication management and therapy		

OCD symptoms must be treatment resistant. Specifically, the illness has not responded to:

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<b>SSRIs</b>	1 or more SSRIs		2 or more SSRIs
<b>Additional trials</b>	1 or more trial of clomipramine <b>OR</b> SNRI (Effexor, Pristiq) <b>OR</b> 1 or more augmentation agent (atypical antipsychotics, memantine, or topiramate)		1 or more trial of clomipramine <b>OR</b> SNRI ( <i>Effexor, Pristiq</i> )  <b>AND</b> 1 or more augmentation agent (atypical antipsychotics, memantine, or topiramate)
<b>CBT</b>	1 trial of evidence-based CBT <b>OR</b> inability to access CBT locally		

We are generally unable to provide care if the patient exhibits any of the following (patients with the following may not be eligible for an episode of care through our service):

- Current psychotic symptoms
- Current active suicidality
- Current active trauma-related symptoms
- Current active anorexia nervosa
- Active substance dependence (within last 6 months)

If your patient does not fit our criteria above but you feel they should be seen by the Thompson Centre, please outline the reason below: