

Please print and fax referrals to: 416-480-7842

Note for Sunnybrook staff: when faxing referral forms within the hospital, please send faxes to the full 10-digit fax number.

**Referral Status:**

General/Geriatric/Mood Phone: 416-480-6833

Cognitive Behavioural Therapy Phone: 416-480-6736

Neuropsychiatry Phone: 416-480-4216

Thompson Centre Phone: 416-480-6224

**SPECIFY CLINICAL SERVICE:**

<input type="checkbox"/>	General Assessment (age 19-64)	
<input type="checkbox"/>	Cognitive Behavioural Therapy Clinic	
<input type="checkbox"/>	Neuropsychiatry (please specify)	<input type="checkbox"/> Multiple Sclerosis Clinic <input type="checkbox"/> Acute Traumatic Brain Injury (within 3 months of injury)
<input type="checkbox"/>	Mood Disorders (Depression and Bipolar Disorders only; catchment area <u>may</u> apply)	
<input type="checkbox"/>	Frederick W. Thompson Anxiety Disorder Centre (ONLY OCD or related disorders – hoarding, skin picking, compulsive hair pulling; body dysmorphic disorder; catchment area may apply)	
<input type="checkbox"/>	Geriatric (must be $\geq 65$ ; out-patient only; excludes home visits; catchment area applies)	

**PLEASE NOTE:** Patients will be accepted for consultation based on availability of services and place of residence. Please see above for the catchment information for each clinic.

**PATIENT INFORMATION**

Last Name: _____		First Name: _____	
Address: _____		Postal Code: _____	
Date of Birth (dd/mm/yyyy): _____		OHIP # : _____	Version Code: _____
Phone Number: _____		Can a message be left? Select <input type="checkbox"/> With another person*	
*Name: _____	Relation: _____	Phone Number: _____	

**REFERRING PHYSICIAN INFORMATION**

Referring Physician Name: _____		MD Billing # : _____	
Address: _____		Postal Code: _____	
Phone Number: _____		Fax Number: _____	
Does this patient currently have a psychiatrist? Select		Name: _____ Phone Number: _____	
Does referring physician or family doctor agree to implement/monitor recommendations and provide ongoing follow-up? Select			

**REASON FOR REFERRAL**

<input type="checkbox"/> Diagnostic Clarification	<input type="checkbox"/> Treatment Recommendations
Details of Referral (including target symptoms and goals of treatment):	

Sunnybrook Health Sciences Centre Mental Health Services  
Outpatient Consultation Referral

<b>MAIN DIAGNOSIS</b>	
<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> OCD or ' <input type="checkbox"/> ' Related Disorder (i.e. Hoarding, Trichotillomania)
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Neurocognitive Disorder
<input type="checkbox"/> Anxiety Disorder (please specify): _____	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Psychotic Disorder	

<b>Please indicate all medication(s) patient is CURRENTLY taking.</b>				*To provide additional information, use attached form <input type="checkbox"/>	
Medication	Dose	Duration	Comments	Benefits	Tolerability

<b>Please indicate all psychiatric medication(s) patient has taken in the PAST.</b>				*To provide additional information, use attached form <input type="checkbox"/>	
Medication	Dose	Duration	Comments	Benefits	Tolerability

<b>Please indicate any current or past psychotherapy patient has received.</b>			<input type="checkbox"/> Not Applicable
Type	Duration		
<input type="checkbox"/> CBT (Cognitive Behavioural Therapy)	<input type="checkbox"/> Individual <input type="checkbox"/> Group	_____	
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Individual <input type="checkbox"/> Group	_____	

<b>CURRENT MEDICAL CONDITIONS:</b>	
Neuroimaging Completed (i.e. CT, MRI, SPECT): <input type="checkbox"/> Select	Neurocognitive Testing Completed: <input type="checkbox"/> Select
Substance Abuse: <input type="checkbox"/> Select    Please Specify: _____	History of Violent or Aggressive Behaviour: <input type="checkbox"/> Select

Has patient been assessed by a psychiatrist or other mental health professional in the past?  Select  
**(If yes, it is critical that we receive the previous consultations on your patient in order to provide effective consultation. Please append them to your referral.)**

As we are unable to provide assessments for legal, insurance or Workers Compensation issues, please confirm that this is not a referral for such a consultation.  Confirmed

Alternative referral options will be provided to referring physician for all patients not accepted for consultation.

Patient may be notified of their appointment via email.

For other Department of Psychiatry forms including the Youth clinic, Women's Mood and Anxiety Clinic and Community Psychiatric Services for the Elderly, please visit our website <http://sunnybrook.ca/content/?page=dept-psych-help>

Name of Person Completing Form: _____	Date: (dd/mm/yyyy): _____
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## Please Select The Service You Are Seeking For Your Patient

### Assessment Services:

- MD-to-MD Consultation
- Psychiatric Consultation

### Treatment Services:

- Group Cognitive Behavioural Therapy (CBT) OR Mindfulness Based Cognitive Therapy (MBCT)

### **SERVICE DESCRIPTIONS**

#### MD-to- MD PhoneConsultation:

The referring physician can consult directly with one of our psychiatrists to discuss the patient's condition and treatment options. This is a one-time consult and the referring physician remains responsible for the patient's care. The referring physician will be contacted to set up a phone appointment with one of the psychiatrists on our team and will directly receive our recommendations during the call.

#### Psychiatric Consultation:

Your patient can meet with one of our psychiatrists to discuss their current symptoms and review their history to make the best medication suggestions. They will also review the side effects of any medication they suggest taking. This is a one-time appointment for approximately 1-1.5 hours. The referring physician remains responsible for the patient's care. Recommendations will be sent to the referring physician who can then determine with the patient if they wish to try the treatment suggested. Prior to their appointment, the patient will first be sent a detailed self-report questionnaire about their psychiatric and medical history to complete.

#### Group Treatment:

We offer group CBT for obsessive compulsive disorder (OCD), trichotillomania, compulsive skin picking, hoarding and body dysmorphic disorder and MBCT for OCD. Prior to being offered one of our groups, an assessment with one of our team members is required. This consists of a telephone screen as well as a face-to-face assessment (approximately 2 hours). The assessment process determines which group (if any) will best meet your patient's needs.

#### All of our CBT and MBCT groups:

- New groups start approximately every 4 months (January, May, September)
- Currently, we are running only daytime groups (i.e. between 9 am – 5 pm) that are 2 hours in length.
- CBT groups run for 12-16 weeks straight. MBCT groups run for 8 weeks straight.
- Groups are led by 1-2 trained facilitators with 8-10 group members.
- Members are expected to attend at least 90% of the sessions, and to do regular homework between sessions.
- There is a cost for parking onsite (approximately \$13 per day).

**Cognitive Behavioural Therapy (CBT)** focuses on the way people think (cognitive) and act (behavioral). The concept behind CBT is that our thoughts about a situation affect how we feel (emotionally and physically) and how we behave in the situation. Exposure and Response Prevention is the most commonly used form of CBT for OCD. Exposure involves deliberately triggering your fear repeatedly until you learn to better tolerate it and the fear subsides (called habituation). Response prevention involves refraining from compulsions, avoidance, or escape behaviors while you are practicing. For example, for someone with an OCD fear of germs or contamination, a typical exposure exercise might consist of shaking hands with someone (exposure), and not washing hands afterwards (response prevention).

**Mindfulness Based Cognitive Therapy (MBCT)** is psychological therapy that uses traditional CBT methods and adds in newer psychological strategies such as mindfulness and mindful meditation. The latter two focus on becoming aware of all incoming thoughts and feeling and accepting them, rather than just reacting to them. The goal of MBCT is to interrupt these automatic responses and teach the participants to focus less on reacting to incoming stimuli, and instead accepting and observing them without judgment.

To learn more about any of the treatments we offer, you can refer to the OCD Handbook on our website or click here (Ctrl + click link): [OCD Handbook](#)

**Please note:** We are not a crisis or emergency service. If your patient is in crisis, please consider accessing a Psychiatric Crisis Service or emergency services at the nearest hospital serving your patient's community.