Access 24/7 Referral Form

Care Transition Acute Inpatient to Community

Fax (780) 342-7621

Phone (780) 342-7600

Date:	**USE THIS FORM FOR CLIENTS WHO DO NOT HAVE AN EXISTING AMH Community Provider**

Client Information

Is client aware of the referral? ☐ Yes ☐ No   Is client in agreement with the referral? ☐ Yes ☐ No

Client Name:	Preferred pronoun:	
Date of Birth:	PHN/Alberta Health Care:	
Client Address:	City:	Postal Code:
Primary Phone:	Client email address:	
Alternate Phone:	Client agreeable to leave a voice message: ☐ Yes ☐ No	
Best place to meet the client?	Client preferred contact method:	

Referring Information

Social worker:	Unit Phone Number:
Psychiatrist:	Fax Number:
Unit Manager:	Site/Unit/Program:
Admission Date:	Expected Date of Discharge:

Other Contacts ***Attach consent to disclose**

Interpreter required? ☐ Yes ☐ No Language: Sign language interpreter: ☐ Yes ☐ No

Emergency contact: Name: Relationship:
Phone: Client agreeable to leave a voice message: ☐ Yes ☐ No

Guardian/Substitute Decision Maker: ☐ Yes ☐ No In Progress: ☐ Yes ☐ No
Name: Phone: *Attach Copy of Legal Order

Trustee ☐ Yes ☐ No Name: Phone:

PDD ☐ Yes ☐ No Name: Phone:

Other Providers ***Attach consent to disclose**

Primary Care Physician:	Phone:
Community Psychiatrist:	Phone:
Pharmacy Name:	Phone:
Other Provider: Agency:	Phone:

Community Treatment Order (CTO) ***Complete if CTO will be issued**

Reason for CTO:

Name of Supervising Psychiatrist:

☐ Temporary supervision **OR** ☐ Permanent supervision

Client Self-identified Goals

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Recommended Community Provider(s) Including Reason for Referral

Access 24/7 will book a Post Discharge Follow Up appointment with ONE provider at the time of referral, with either a Mental Health Therapist or Addiction Counselor. If the assigned Mental Health Therapist or Addiction Counselor need advice or support from another discipline, they will arrange same internally. If the referral includes a plan for inpatient CTO issuance, Access 24/7 will also book a post discharge follow up appointment with a Community Psychiatrist. When the sending site is notified of the assigned community psychiatrist/physician, the sending psychiatrist is required to communicate with the community psychiatrist prior to discharge.

Addiction and Mental Health Summary

Risk Assessment ***Attach Safety Plan**

Risk to self: ☐ Yes ☐ No
Explain:

Risk to others: ☐ Yes ☐ No
Explain:

Behaviors of concern: ☐ Yes ☐ No
Explain:

Medications

Attach the medication administration record (MAR)

Coverage: Applied for: ☐ Approved: ☐

Long Acting Depot (name, dose and frequency):
Last date given: Next due date:

Medical History

Financial

Employed ☐ AISH ☐ Alberta Works ☐ Other, specify:

Legal History