



REFERRAL FORM

Print & Fax: (416) 603-5368

E-referral: <http://mdpu.ca/MDPU/ereferral.php>

The Mood Disorders Psychopharmacology Unit welcomes the referral of patients with mood disorders (i.e., **major depression, bipolar**). We are particularly interested in the referral of patients with newly diagnosed and untreated mood disorders. We provide diagnostic opinions and management recommendations for mood disorder patients who are receiving treatment or who are chronically ill.

PLEASE NOTE THAT WE DO NOT SEE PATIENTS IN THIS CLINIC FOR:

- **PSYCHOTHERAPY**
- **PRIMARY SUBSTANCE ABUSE, ANXIETY, PHOBIAS, OCD, ETC.**
- **FOR ONGOING PSYCHIATRIC CARE.**

*****PLEASE NOTE THAT THE AGE LIMIT IS 18-65.**

Please complete ALL areas of this form and PRINT CLEARLY:

Patient's name: _____ DOB: _____ Age: _____
(DD/MM/YYYY)

Address: _____

Postal Code: _____

Tel: H (____) _____ W (____) _____

Cell () _____ Email: _____

Health Card Number: _____ Version Code: _____

REFERRING PHYSICIAN: (**Patient MUST be referred by a physician**) Family Physician Psychiatrist

Name: _____ Billing Number: _____

Address: _____

Postal Code: _____

Tel: (____) _____ Fax (____) _____

Email: _____

REASON FOR REFERRAL: Opinion re: Treatment Diagnosis

WORKING DIAGNOSIS: Depression Bipolar

CURRENT SYMPTOMS:

CURRENT MEDICATION(S):

MEDICAL ILLNESSES:

PLEASE SEND ALL PERTINENT LAB TESTS/PHYSICAL EXAM FINDINGS AS WELL.

For any further information regarding referrals, please contact Bernadette DeFreitas at email:

bernadette.defreitas@uhn.on.ca