Complete this entire form (3 pages)

We accept referrals:
- ✓ for patients with mood disorders (depressive disorders, and bipolar/related disorders)
- ✓ from family physicians and nurse practitioners in the Greater Vancouver (Lower Mainland) area
- ✓ from psychiatrists practicing anywhere in B.C.
- ✓ for patients with recurrent seasonal depression located anywhere in B.C.

We DO NOT accept referrals:
- ☒ for patients who have seen a psychiatrist in the past 6 months, unless the psychiatrist sends the referral to us
- ☒ for patients who have attended or been referred to the Psychiatric Urgent Care Program at Mood Disorders Association of BC in the past 6 months, unless the psychiatrist sends the referral to us
- ☒ for ongoing care and follow-up
- ☒ for medicolegal, forensic, or disability evaluations (including WorkSafeBC, ICBC, etc.)
- ☒ for inpatient admissions
- ☒ for group therapy
- ☒ for patients with acute suicidality, or active alcohol/substance abuse

We may suggest another service or provider that is more suitable for your patient.

Enclose previous psychiatric reports, chart/consult notes, and other relevant documents

Psychiatrists requesting a second opinion must send consultation notes.

Detach page 3 and give it to your patient

Fax the completed form (2 pages) to 604-822-7922
### UBC Mood Disorders Centre: Psychiatric Outpatient Services
#### Referral Form / Page 2 of 3

**Patient’s Name (Last, First):**

- **Has your patient attended our clinic before?**
  - No
  - Yes

- **Are there any other mental health referrals pending?**
  - No
  - Yes
  If yes, list:

- **Primary diagnosis:**
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Other Bipolar/Related Disorder (specify):

  - Major Depressive Disorder
  - Persistent Depressive Disorder (Dysthymia)
  - Other Depressive Disorder (specify):

  - Uncertain/unknown at this time

- **Current date of onset:**

- **Other psychiatric diagnoses (specify):**

- **Any substance abuse/use within the past two months?**
  - No
  - Yes

- **Any past contact with mental health services?**
  - No
  - Remote/unknown
  - Yes
  If yes (specify names):

- **Consults/records must be included with this referral**

- **List current mental health supports:**

**Why does your patient need an assessment now?**

List current problems/symptoms:

**What do you want from this assessment?**

- Diagnostic clarification
- Second opinion requested by psychiatrist
- Treatment recommendations
- Other (specify):

**Comorbid medical issues:**

**Recent labs?**

- No
  - Yes (include with referral)

**Current medications (including psychiatric)**

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<th>Drug name</th>
<th>Dose</th>
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**Past psychiatric medications/treatments**

<table>
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<tr>
<th>Drug/treatment name</th>
<th>Dose</th>
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For clinic use only: Referral is  

- Accepted
- Deferred
- Declined

Comments:

Date and time:

- Confirmed with patient
- Package sent
- Reminder call given
Dear Patient,

You’ve been referred by your doctor for an assessment at the Mood Disorders Centre, which is located in the Djavad Mowafaghian Centre for Brain Health at UBC Hospital.

General information:
- After we receive all of your required information, we’ll review your file to determine whether we are able to see you. If not, we will tell your regular doctor.
- Please note that we cannot accept referrals for ongoing care and follow-up, medicolegal or forensic cases, disability evaluations (including WorkSafeBC, ICBC, etc.), group therapy, inpatient admissions, or problems with alcohol/drug use.
- If you are in crisis, we recommend that you call your regular doctor or seek help at your local hospital Emergency Room.

Before your appointment:
- If we’re able to see you, we’ll call you directly to book an assessment with one of our psychiatrists. Our waitlist is currently 3 to 4 months. If you don’t hear from us, please check with your regular doctor.
- You’ll receive a map to our clinic and other materials you’ll need for your first visit with us.
- A study coordinator might contact you about research studies in our program. Taking part in research is completely voluntary and will not affect your current or future medical care.
- While you’re waiting to see us, you can try our smartphone-friendly web tool, MoodFx.ca, and print your results to show the psychiatrist.
- If you must cancel an appointment, it’s your responsibility to call us and reschedule.

On the day of your appointment:
- When you come to our clinic, the psychiatrist will perform a full assessment that includes your history of medical and mental health issues. We’ll send an assessment report and treatment recommendations back to your family doctor or psychiatrist.
- As UBCH is a teaching hospital, a medical student, resident (physician in training to be a psychiatrist), or fellow (visiting psychiatrist or clinician) might attend your assessment.
- You’ll return to the care of your family doctor or psychiatrist after you are seen at our clinic.

If you have any questions about this referral, please ask your family doctor or psychiatrist.

Thank you.