

## ADULT ADHD CLINIC REFERRAL FORM

### Patient Information

Name: \_\_\_\_\_ HC #: \_\_\_\_\_  
DOB: \_\_\_\_\_ VC: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone number – Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
How has this patient offered consent to be contacted? Home phone  Mobile phone  E-mail   
Is this patient in rostered in an FHO/FHT/CHC? YES  NO

### Referring Physician Information

Are you this patient's primary care/family physician? YES  NO   
Name: \_\_\_\_\_ Billing number: \_\_\_\_\_  
Practice address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OHIP Services

- New Physician Assessment for Adult ADHD** – Including assessment for comorbid mental health conditions (please see below caveats for non-eligible comorbid conditions).  
 **Physician Assessment for ongoing management of diagnosed Adult ADHD – REQUIRES** documentation of diagnosis ADHD by a psychiatrist, psychologist (PhD and licensed in Canada only), or neuropsychologist (licensed in Canada only) within 24 months of referral.

Required testing/lab work (please attach, referrals will be considered incomplete and returned if any **required** items are missing):

- Cumulative Patient Profile (RECOMMENDED)
- Current Medications (**REQUIRED**)
- GAD-7 and PHQ-9 within 6 months of referral (**REQUIRED**)
- Electrocardiogram within 6 months of referral (**REQUIRED**)
- Blood work: CBC, Cr, Na, K, TSH, Ferritin, B12, Calcium, Albumin within 6 months of referral (**REQUIRED**)
- Reason for referral (in space below or attached in a referral letter) (**REQUIRED**):

**PLEASE NOTE:** We are not qualified to do OHIP assessments for ADHD in the setting of confirmed or suspected comorbid autism spectrum disorder, intellectual disabilities, learning disabilities, or any other neurodevelopmental diagnoses. We are unable to accept referrals in the setting of confirmed or suspected comorbid schizophrenia, schizoaffective, psychotic mania, or other psychotic disorders. We are not qualified to do OHIP assessment for the purposes of insurance settlements, civil or criminal legal proceedings/settlements. We are unable to accept OHIP referrals for the purposes of completing an Ontario Disability Support Program, Disability Tax Credit, or any federal, provincial, or private short-term disability, long-term disability, medical retirement, or medical pension applications.

### Non-OHIP / Private Services

- Psychological Assessment for Adult ADHD** – Performed by a clinical psychologist and registered psychotherapist.
- Neuropsychological Assessment for Adult ADHD** in the setting of confirmed or suspected comorbid other neurodevelopmental diagnoses (see above) – may include psychoeducational and/or psychometric testing.
- Psychological Assessment - Medicolegal** – for insurance or civil settlements. Also, for federal, provincial, or private short-term, long-term disability, medical retirement, or medical pension applications.
- Psychotherapy/Dialectical Behavioural Therapy/Cognitive Behavioural Therapy/ADHD Coaching.**

**WE ARE NOT AN URGENT OR CRISIS MENTAL HEALTH REFERRAL SERVICE. PLEASE REFER PATIENTS WHO YOU HAVE DEEMED OR SUSPECT TO BE AT IMMEDIATE RISK OF SELF HARM/HARM OF OTHERS TO THE NEAREST EMERGENCY DEPARTMENT FOR RAPID ON-CALL MENTAL HEALTH ASSESSMENT.**

**WE ARE NOT A PEDIATRIC MENTAL HEALTH CLINIC AND WILL ONLY ACCEPT REFERRALS FOR PATIENTS 18 YEARS, OR OLDER, ON THE DATE THE REFERRAL IS RECEIVED.**

PLEASE FAX THIS REFERRAL FORM, REQUIRED TESTING/LAB WORK, AND ANY ADDITIONAL PERTINENT PATIENT INFORMATION to **647-366-2344**.