



FOCUS AND FUNCTION  
— C L I N I C —  
**ADULT ADHD REFERRAL FORM**

Site (**fax all referrals to 647-366-2344**):

- ☐ Pickering / Durham - 1099 Kingston Road, Unit 217, Pickering, ON, L1V 1B5
- ☐ Queensville / Newmarket - 20415 Leslie Street, Unit 2, Queensville, ON, L0G 1R0

**Patient Information**

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

**Referring Physician Information**

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

**OHIP Services**

- ☐ **Physician Assessment for adult ADHD** – with assessment for comorbid psychiatric conditions (**please see below caveats**).
- ☐ **Physician Assessment for ongoing management of DIAGNOSED adult ADHD** – **REQUIRES** documentation of diagnosed ADHD by a psychiatrist, (neuro)psychologist (PhD, licensed in Canada only), within 24 months of referral.

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

- ☐ Cumulative Patient Profile (RECOMMENDED)
- ☐ Current Medications (**REQUIRED**)
- ☐ GAD-7 + PHQ-9 within 6 months of referral (**REQUIRED**)
- ☐ Electrocardiogram within 6 months of referral (**REQUIRED**)
- ☐ Blood work: CBC, Cr, Na, K, TSH, ferritin, B12, A1c, Ca, 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 comorbid neurodevelopmental diagnoses. We are unable to accept referrals in the setting of confirmed or suspected comorbid schizophrenia, schizoaffective, psychotic mania, or other psychotic disorders (**this includes any history of confirmed or suspected psychosis**). 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 any 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/Cognitive Behavioural Therapy and/or Coaching for adult ADHD**. Diagnosis required.

**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 TO OTHERS OR OTHERWISE IN CRISIS 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.**

If there are any questions/concerns, please **call our clinic at 647-366-2343**.