Community Behavioural Support Outreach Team

TEL: 416-785-2500 ext. 2089 FAX: 647-788-4883

Baycrest

Toronto Central Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario du Centre-Toronto

Name of Client M ☐ F ☐ Other ☐

Address ON

Phone # Marital Status

Health Card # HCN version DOB

SDM/POA Name: Relationship Phone #:

Is client/substitute decision maker agreeable to referral? ☐Yes ☐No

Relevant Medical Diagnoses:	Specialists/Teams involved:
☐ Substance Misuse ☐ Hx of ABI ☐ Huntington's Disease ☐ Dementia Diagnosis Please specify ☐ Neurological Disorder Please specify ☐ Hx of Mental Health Issues Please specify	☐ Geriatric Medicine ☐ Geriatric Psychiatry ☐ Neurology Other:

REASON FOR REFERRAL

☐ **Agitated Behaviour** - state of restlessness, anxiety, inability to settle

☐ **Delusions** – Fixed, false beliefs

☐ **Hallucinations** – visual, auditory, gustatory, tactile, olfactory

☐ **Hoarding** – collecting objects and refusing to part with them

☐ **Oral intake of non-edible objects and substances**

☐ **Low Mood/Depressed** (Crying, tearfulness, reduced social interaction, loss of interest, loss of pleasure)

☐ **Physically Responsive Behaviour** (spitting, kicking, grabbing, pushing etc.)

☐ **Resists Care** (e.g. resists taking medications/injections)

☐ **Rummaging** – Touching and handling objects with no obvious purpose

☐ **Sexual Behaviour** – unwanted verbal or physical sexual advances towards others.

☐ **Substance Use/Misuse/Abuse** – Alcohol

☐ **Substance Use/Misuse/Abuse** – Drug

☐ **Substance Use** - Smoking

☐ **Suicidal Behaviour**

☐ **Verbally Responsive Behaviour** (yelling, screaming, threatening, cursing, etc.)

☐ **Wanders** – exit-seeking

Description/Comments *(main concern for referral and the responsive behavior)*

Date of the Referral

Recent ED/Hospital Admission (within 6 months):

Name of the Referral Source (*please print*) Phone #
Email

Name of Primary Care MD/NP (*please print*) Phone #

Please attach the following documentation: Current medication list, current documentation (i.e. consult notes, psychiatric consultation, etc.), POA documentation (if available)

PLEASE FAX THE COMPLETED REFERRAL FORM TO THE ATTENTION OF THE BAYCREST COMMUNITY BEHAVIOURAL SUPPORT OUTREACH TEAM at 647-788-4883