



Urgent Access Nurse Practitioner Service

Centralized Access to Psychiatric Services (CAPS) Referral Form

St. Catharines Site Niagara Falls Site Welland Site
 Telephone: 905-378-4647 Ext. 49463 NEW Fax: 289-398-1067

Centralized Access to Psychiatric Services (CAPS) is the access point for adult psychiatry within the Niagara Health Mental Health and Addiction Program. The CAPS intake process will ensure that referrals are directed to appropriate psychiatric services based on client needs.

Referred By: _____ Physician's Billing Number: _____
 Date of Referral: _____ (dd/mm/yyyy)
 Name: _____ Health Card Number: _____
 Address: _____ City: _____ Postal Code: _____
 Telephone Number: (____) _____ Cell Phone Number: (____) _____
 Date of Birth: _____ (dd/mm/yyyy) Age: _____ Gender: Male Female
 Family Physician: _____ Telephone Number: (____) _____
 Psychiatrist: _____ Telephone Number: (____) _____
 Client Informed of Referral? Yes No

Psychiatric/Medical Diagnosis: _____
 Reason for Referral: _____

Intervention Requested:

Assessment Treatment Recommendations Diagnostic Clarification
 Other: _____

This portion to be filled out and signed by referring physician or other health care worker

Threat to self In past 30 days In past year None previous
 Attempted suicide In past 30 days In past year None previous
 Risk of violence In past 30 days In past year None previous

If risk of violence identified, check all that apply:

Verbally or physically threatening Know to actively use illicit substances or excessive alcohol
 Attacking with objects Current Police involvement/criminal charges/probation/parole
 Disruptive – easily angered, shouts, confused, irritable Past criminal charge involving violence
 Known to carry a weapon History of code white/aggressive behaviour in clinical scenario

List of Current Medications: Please Print Clearly

Name of Medication	Route	Dose	Frequency

Allergies: _____

Signature / Status

Date (dd/mm/yyyy)

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