

## CanREACH Consultation Service - Consultation Request Form

**Date:** \_\_\_\_\_

**Confirmed Date and Time:** \_\_\_\_\_

**Referring CanREACH Alumni Physician Information:**

<b>Physician Name &amp; Discipline:</b>	
<b>Location of Practice &amp; Patient</b> (if different):	
<b>Consultation Length:</b> <input type="checkbox"/> Initial (30 minutes)   or <input type="checkbox"/> Follow-up (15 minutes) <input type="checkbox"/> Additional Time Requested _____ (option offered to accommodate complex cases and/or additional questions)	
<b>Available Start Times:</b>  <i>Indicate preferred time(s)</i>	<input type="checkbox"/> <b>Monday</b> <input type="checkbox"/> 12 - 3:30 pm _____ <input type="checkbox"/> <b>Friday</b> <input type="checkbox"/> 1- 2:30 pm _____ <input type="checkbox"/> <b>Wednesday</b> <input type="checkbox"/> 12 pm _____ <input type="checkbox"/> 12:30 pm _____ <input type="checkbox"/> 5 pm _____ <input type="checkbox"/> <b>Thursday</b> <input type="checkbox"/> 12 pm _____ <input type="checkbox"/> 12:30 pm _____ <input type="checkbox"/> 5 pm _____

**Patient/Case Information:**    \*\* To ensure client privacy, do not enter any personal identifying information\*\*

<b>Identification</b> (Initials Only):	<b>Age:</b>	<b>Gender:</b>	<b>Grade:</b>
<b>Living Situation:</b>			

 *I have obtained consent from the patient and/or legal guardian to speak with CanREACH Faculty at the CanREACH Consultation Service.*
**I would like help with the following case question(s):**

<b>1. Primary question:</b>	
<b>2. Additional question(s):</b>	

**Case Presentation Summary:** Briefly enter information relevant to you consultation question. For follow-up consults, we only require updates/changes since initial consult. Point form is acceptable.

<b><u>Chief Complaint</u></b>	
<b><u>History of Presenting Illness</u></b>	
<b><u>Length of Involvement</u></b>	
<b><u>Pertinent History</u></b> a) Medical b) Developmental c) Psychiatric d) Family History	

<p><b><u>School Environment</u></b></p> <ul style="list-style-type: none"> <li>- Performance</li> <li>- Assessments</li> <li>- Comments</li> <li>- Involvement</li> <li>- Stressors</li> </ul>	
<p><b><u>Home Environment</u></b></p> <ul style="list-style-type: none"> <li>- Family Situation</li> <li>- Family Constellation</li> <li>- Psychosocial Stressors</li> </ul>	
<p><b><u>Social History</u></b></p> <ul style="list-style-type: none"> <li>- Extracurricular</li> <li>- Substance Use</li> <li>- Peer Relationships</li> <li>- Trauma</li> </ul>	
<p><b><u>Rating Scales</u></b></p> <ul style="list-style-type: none"> <li>- Which,</li> <li>- Completed by</li> <li>- Scores</li> </ul>	
<p><b><u>Mental Status</u></b></p>	
<p><b><u>Medications</u></b></p> <ul style="list-style-type: none"> <li>a) Current (dose/response)</li> <li>b) Past (dose/response)</li> </ul>	
<p><b><u>Diagnosis</u></b></p> <ul style="list-style-type: none"> <li>- Differential</li> <li>- Working</li> </ul>	

Please submit completed form to Canreach

- **Email** to CanREACH : [canreach@ahs.ca](mailto:canreach@ahs.ca)

➤ Enter “**CanREACH Consultation Service**” in the subject line.

***Forms must be received at least 3 days prior the requested consult date.***