

CanREACH Consultation Service - Consultation Request Form

Date: _____

Confirmed Date and Time: _____

Referring CanREACH Alumni Physician Information:

Physician Name & Discipline:	
Location of Practice & Patient (if different):	
Consultation Length: <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)	
Available Start Times: <i>Indicate preferred time(s)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> 12 - 3:30 pm _____ <input type="checkbox"/> Friday <input type="checkbox"/> 1- 2:30 pm _____ <input type="checkbox"/> Wednesday <input type="checkbox"/> 12 pm _____ <input type="checkbox"/> 12:30 pm _____ <input type="checkbox"/> 5 pm _____ <input type="checkbox"/> Thursday <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**

Identification (Initials Only):	Age:	Gender:	Grade:
Living Situation:			

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):

1. Primary question:	
2. Additional question(s):	

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.

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

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

Please submit completed form to Canreach

- **Email** to CanREACH : canreach@ahs.ca

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

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