COMMUNICATION PLAN AT DISCHARGE

Vanderhoof

DISCHARGE/ REFERRAL FORM

To Local CYMH Office

(*To be provided to Guardian and faxed to NVCSS or CSFS office if youth is discharged outside office hours. Phone office directly if Mon-Fri 8:30-4:30*)

To Local CYMH Office

(Check only one)

☐ NVCSS
Fax (250) 567-3939
Tel (250) 567-9205

☐ CSFS
Fax (250) 567-2975
Tel (250) 567-2900

Patient Name: DOB:	Patient Tel #*(s)*:	Guardian*(s)*:
☐ Discussion with Child/Youth	☐ Discussion with Guardian	
Discharge Diagnosis:		
Notes:		
Strategies for Guardian *(check all that apply)*: ☐ Return to ER ☐ Review Safety Plan *(details above)* ☐ Other:		
Medications at time of discharge *(Current/New)*		
☐ Continue current medications as per Medication Reconciliation *(attached)*		
Medication Name	Dosage/Duration	New/Discontinued

Patient Follow Up *(check all that apply)*	Date Faxed *(if sent separately)*
☐ Requesting Local Child and Youth Mental Health follow up *(CYMH counsellor will follow up next business day)*	
☐ Requesting Tele-psychiatric services through CYMH *(counsellor will initiate)*	
☐ Referral faxed to Substance Use Services	
☐ Guardian to arrange apt with Family Dr._____in____day*(s)*	
☐ Guardian to arrange apt with SD91 counsellor:_____in____day*(s)**	
☐ Other services currently involved *(Pediatrician / Youth Forensics)*:	
☐ Other:	

Physician Name:	Signature: /	Phone #:	Date:
Designated Contact *(if different from physician)*:	Relation: /	Phone #:	

**Fax to Kerri Dyck at SD91 board office 250 567 4639 if checked*

BRITISH COLUMBIA

doctors of bc