|  |  |  |
| --- | --- | --- |
| **Patient Name** | **Patient Phone #** | **Alt. Phone #** |
| **Parent/Guardian Name** | **Parent Phone #** | **Alt. Phone #** |
| ❑**This Communication Plan has been discussed with Child/youth** ❑**Discussed with Parent/Guardian**  |
| **Presenting concern (s) as reported by patient** |
|  |
|  |
| **Discharge impressions and recommendations**  |
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| **Strategies for Parent/Guardian:** ❑ Return to ED ❑ Review Safety Plan ❑ Follow-up with GP/FP/NP |
| **Medications at the time of discharge (current/new)** |
| ❑**Continue current medications as per Medication Reconciliation (attached)** |
| Medication Name | Dosage/Duration | Prescription Written | Duration |
|  |  | ❑Yes | ❑No |  |
|  |  | ❑Yes | ❑No |  |
|  |  | ❑Yes  | ❑No |  |
| **Community Follow-up Details**  | **Date Faxed**  |
| **Child Youth Mental Health Clinic** Phone: **250-992-4267** Fax: **250-992-4351**❑ Client was asked to attend **the first** *CYMH Walk in Clinic* ❑ CYMH Walk In Clinic brochure provided ❑ Urgent contact by CYMH required ( < 2 business days) ❑ Has an existing CYMH clinician, name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Communication Plan faxed to CYMH |   |
| ❑ **Family Physician/NP** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Communication Plan Faxed❑ Family *is aware* to arrange appointment in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day  |  |
| ❑ **Substance Use Services:** Communication Plan faxed (follow up required < 2 business days) |  |
| **Youth Outreach & Family Support Workers**  Communication Plan faxed to:❑**Friendship Center** Fax: **250-992-5708** ❑**Nazko** Fax: **250-249-6021** ❑**North Cariboo Metis** Fax: **250-992-9721**❑**Red Bluff** Fax: **250-747-1341**❑**Kluscus** Fax:**250-992-3291** ❑**Alexandria** Fax: **250-747-3920** ❑**Carrier Chilcotin Tribal Council** Fax: **250-992-2075** |  |
| Other: |  |
| Physician/clinician/Nurse Name (print) | Physician/Clinician/Nurse signature |
| Designation | Contact information | Date |