



**Community Addiction and Mental Health Clinic
North East, Urgent Consultation Clinic**

#200, 2580 32nd Street NE Calgary
Alberta, T1Y 7M8 PH: 403-944-9700
Fax: 403-776-3818

Place Client Label Here



To be completed by the Emergency Department Physician that is requesting the psychiatric consult. Fax to the Urgent Consultation Clinic NE at 403-776-3818. The client will be contacted within 72 hours.

Date of Referral (yyyy-Mon-dd)	
Primary Care Physician	
Referring ED Physician	
Prac ID #	
Client Phone Number	

Suitability for UCC (Please ensure client meets all criteria prior to referring)	
<input type="checkbox"/> Client has a family physician i	<input type="checkbox"/> Client is not engaged with a treating psychiatrist elsewhere
<input type="checkbox"/> Client has an active Alberta Health Care number	<input type="checkbox"/> Client does not have a primary addiction concern
<input type="checkbox"/> Client is 18 years of age or older	<input type="checkbox"/> Client does not have a primary developmental disorder
Presenting Complaint	
<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Situational crisis
<input type="checkbox"/> Depression	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other: _____
Reason for UCC Referral	
<input type="checkbox"/> Medication evaluation	<input type="checkbox"/> Follow-up recommendations
<input type="checkbox"/> Diagnostic clarification	<input type="checkbox"/> Other: _____

Involvement with Other Mental Health Professionals	
Is the client involved with any mental health professionals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health Program: _____	Therapist/Case Worker: _____
Supporting Documentation Included	
<input type="checkbox"/> Emergency/Urgent Care face sheet	
<input type="checkbox"/> Medication Reconciliation	