camh **BORDERLINE PERSONALITY DISORDER CLINIC**

D0359A

Patient ID Label
(For CAMH use only)

INSTRUCTIONS FOR COMPLETING AND SUBMITTING REFERRAL FORMS

The referral forms may be downloaded by either a patient or their doctor or nurse practitioner. In both cases, the patient and the doctor must complete the forms together. Please follow the instructions below to download, complete and submit the forms.

1. Download both the CAMH referral form and the Borderline Personality Disorder (BPD) Clinic referral form, from the BPD Clinic web page (www.camh.ca/bpdclinic).
2. On the web page, note the date and times that faxed referrals will be accepted.
3. **If the physician downloads the form:** Have your patient come in so you can complete the forms together. The BPD Clinic form needs both your signatures.

   If the patient downloads the form: Make an appointment with your doctor. Make sure you allow enough time for the forms to be completed before the date they need to be faxed in. Complete the forms with your doctor, and make sure they are both signed. The BPD Clinic form needs both your signatures.
4. The patient's family physician, nurse practitioner or ongoing care psychiatrist must fax the referral on the day and time frame posted on the website.

We will then review the referrals and get back to the physician to confirm that we have received the referral and to advise on the next steps.

Thank you for helping us with our new referral process.

Fax the completed referral forms to:

CAMH BPD Clinic

Attention: Linda Miller, RN, Intake Coordinator

Fax: 416 595-6399

Important:

- The BPD Clinic is a high-demand service, and unfortunately referrals received outside the date and time posted cannot be processed.
- All referrals must be faxed to the Clinic on the correct forms. We cannot accept other referral forms or walk-in delivery.

SECTION 1: BRIEF HISTORY

	YES	NO
Has the patient ever been diagnosed with BPD?	☐	☐
If yes, when? _____ By whom?		
Location: _____		
Current/past treatment		
Is this patient currently receiving mental health services or treatment?	☐	☐
Received treatment in the *last 6 months*?	☐	☐
If yes; what treatment and where? _____		
Psychiatric hospitalization(s) in *last 12 months*?	☐	☐
If yes, how many? _____ (If yes, please attach discharge summary)		
What treatment? _____		
Other comments: _____		
Emergency Department visit(s) in the *last 6 months*?	☐	☐
If yes, how many? _____		
What treatment? _____		
Other comments: _____		
Suicidal behaviours in the *last 5 years*?	☐	☐
If yes, when and how? _____		
Comments: _____		
Self-harm in the *last 5 years*?	☐	☐
If yes, how often? _____		
Comments: _____		

SECTION 2: EXCEPTIONS

Please verify the absence of the following:
Psychotic disorder, bipolar 1 disorder (unless manic episodes controlled by medication), significant cognitive impairment (IQ < 70), dementia, unwillingness to attend a structured treatment (including attending a weekly group).

☐ I confirm that the patient does not present with any of the above.

Signature of physician: _____

SECTION 3: CLINICAL INFORMATION AND FINDINGS

Does the patient have *current* or *past* problems with:

	Current	Past
Depression	☐	☐
Anxiety	☐	☐
Eating disorder	☐	☐
Obsessive-compulsive disorder	☐	☐
Posttraumatic stress disorder	☐	☐
History of childhood trauma	☐	☐
Alcohol or other substance dependence	☐	☐

Does the patient have *current* problems with:

Impulsive spending	☐	Unemployment	☐
Gambling	☐	Frequent absences from work	☐
Shoplifting	☐	Conflict with employers	☐
Binge eating	☐	School dropout / failed several classes	☐
Impulsive sexual behaviour	☐	Parenting	☐
Reckless behaviour	☐	Household tasks	☐
Angry outbursts and/ or physical assaults	☐	On disability	☐

A. Paid work:
Does the patient work 15 hours or more per week for pay? ☐ YES ☐ NO (If no, skip to B)

How many days did the patient miss from work in the last *2 weeks?*
☐ None ☐ One ☐ < Half the days ☐ Half the days ☐ > Half the days ☐ All ☐ Vacation

How well has the patient been able to work in the last *2 weeks*?
☐ Very well ☐ Well ☐ Needed help ☐ Poorly ☐ Very poorly

B. Housework (unpaid):
Is unpaid housework a significant activity in the patient's life? ☐ YES ☐ NO (If no, skip to C)

How often did the patient do unpaid housework in the last *2 weeks*
☐ Daily ☐ Almost daily ☐ Half the days ☐ < Half the days ☐ None of the days

How well did the patient do their housework in the last *2 weeks*?
☐ Very well ☐ Well ☐ Needed help ☐ Poorly ☐ Very poorly

C. Student:
Does the patient attend school at least half the time? ☐ YES ☐ NO

How many days of classes did the patient miss in the past *2 weeks?*
☐ None ☐ One ☐ < Half the days ☐ Half the days ☐ > Half the days ☐ All ☐ Vacation

How well has the patient been able to keep up with school work in the last *2 weeks*?
☐ Very well ☐ Well ☐ Needed help ☐ Poorly ☐ Very poorly

Additional comments:

Completed by:

Physician's name: _____

Signature: _____ Date: _____

Patient's name: _____

Signature: _____ Date: _____