

Key considerations when submitting a CAMH referral

- ❖ Ensure the patient and referring provider **information is complete**.
- ❖ Provide clear information about **the reason for referral**.
- ❖ Note any **risks and safety concerns** with the supporting details specified.
- ❖ Include **supporting documents** about the patient's psychiatric and medical history.
- ❖ **Fax only one referral at a time**. Please do not send multiple referrals together.
- ❖ **Ensure the referral is legible**. Referrals that Access CAMH is unable to read will be sent back to the referring provider for clarification.
- ❖ It is preferred that the **referral comes from the treating physician**. Consultation reports will be sent back to the referring source, with recommendations for follow-up treatment.

WHO CAN SUBMIT A CAMH REFERRAL?

- ❖ Most **Mental Health Services** require a physician or nurse practitioner referral.
- ❖ A physician referral is preferred for the following services:
 - Geriatric Mental Health Services (including Memory Clinic)
 - Schizophrenia Services (STARS)
- ❖ For **Addiction Services**, patients may self-refer by calling Access CAMH at 416 535-8501, press 2, then press 4.
 - If the patient already has a methadone/suboxone provider or addictions physician involved in their care, that provider will need to fax the completed CAMH referral form.

HOW DO I SUBMIT THE REFERRAL?

- ❖ Please fax the completed CAMH referral form to: **416 979-6815**.
 - **For Telepsychiatry**, please fax the completed CAMH referral form to **416 260-4186**.
- ❖ To help us provide the best care possible, include relevant documents, such as previous psychiatric consultations or discharge summaries, medication sheets, psychological reports, lab and test results, medical reports and physical findings.

NOTE: Youth criminal justice documents are not required as part of the referral. If they are needed, the service will contact the referring provider directly.

If you have questions about the referral process, please call **Access CAMH at 416 535-8501, press 2.**