

PSYCHIATRIC GENETICS CLINIC (The Adapt Clinic)

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Provincial Medical Genetics Program

B.C. Children's Hospital

Room C234, 4500 Oak Street, Vancouver, BC, V6H 3N1



DATE OF REFERRAL: _____

(PATIENT SURNAME, FIRST) (PREVIOUS / MAIDEN NAME) (DOB: YY/MM/DD) (AGE) (PHN)

(ADDRESS) (HOME PHONE) (WORK PHONE) (CELL PHONE)

Reason for referral or psychiatric diagnosis:

Please list current medications: _____

Any family or relative seen in Medical Genetics? NO YES: _____ (name/DOB)

Does this patient need an interpreter? NO YES: _____ (language)

Is this referral regarding a current pregnancy? NO YES: _____ (LMP date)

REFERRING DR / PROVIDER:

BILLING NO (if applicable):

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

FAMILY DR:

BILLING NO:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

Please list any other doctors involved with patient's care:

Please forward all relevant consults, reports and tests

Please turn over for more information about discussing this referral with your patient →

HOW TO DISCUSS THIS REFERRAL WITH YOUR PATIENT

*“There is a program called the **The Adapt Clinic** that we refer people to because they have said that they found it really helpful - it can address questions about why you/your loved one developed mental illness and what you can do to protect mental health going forward, and it can be really helpful with helping to alleviate guilt and self-blame that people can often feel about mental illness. The appointments are **FREE** and covered by MSP. I can fill out a form and the counsellor from the clinic can be in touch to tell you more about the service and can take it from there.”*