

**PSYCHIATRIC GENETICS CLINIC (The Adapt Clinic)**

**Tel: (604) 875-2726**

**Fax: (604) 875-2825**

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.”*