



First Place Clinic and Regional Resource Centre Referral Form

Send completed form to:  fax 807-345-0030 or  email firstplaceadmin@cmha-tb.on.ca

Section 1: Check Lists

Inclusion Criteria (check all that apply)

- Person is between the ages of 14 and 35 years of age
- Person has experienced recent symptoms of a first episode of psychosis for less than one year
- Has received treatment for psychosis for 1 year or less; or has had no treatment
- Symptoms of psychosis is the primary issue or concern
- Person is aware the referral is being made for them
- Person has an absence of organic brain disorder/impairment

Relevant Documents for Physician Referral (please include the following with referral)

- Psychiatric Consult Notes
- Assessment/Consultation Notes
- Psychological Reports
- Discharge Summary Profile
- MAR Sheet
- Previous Hospital Psychiatry Notes/Discharge Summaries

NOTE: Failure to include relevant information and documents with this referral will delay the referral process.

Section 2: Referral Source Information

This referral is being completed by:

- | | |
|--|----------------------------------|
| General Practitioner or Family Physician | Self |
| Psychiatrist | Family member/Friend |
| Hospital Emergency Department | Community Based Service Provider |
| Other health service provider | Other: |

Referral source contact info:

Section 3: Client Information

Name (last name, first name):

Alias:

Gender/Pronouns: M F Other:

Date of Birth (dd/mm/yyyy):

Does the Client self-identify as Indigenous, First Nation, Metis, or Inuit? Yes No Unknown

Address: Status #:

City:

Postal Code:

Currently resides with: Alone Family Guardian Other:

Cell phone number: Can we leave a message? Yes No Comments:

Alternate number: Can we leave a message? Yes No Comments:

Email address:

Health Card Number: Version code:

Preferred language: Interpreter required?

Cultural considerations:

Does client consent to this referral? Yes No, if no explain:

Emergency Contact

Name: Relationship: Phone:

Individual provides consent for CMHA to contact this person in case of emergency? Yes No

Section 4: Primary Care Provider

Does the client have a family physician or nurse practitioner? Yes No Same as referral source

Name: Billing #:

Address: City: Postal Code:

Phone: Fax Number:

Section 5: Symptoms

Please check all that apply and provide specific examples;

Hallucinations (auditory/visual/other):

Observed responding to internal stimuli (speaking aloud/thought blocking):

Delusions:

Confused thinking/Cognitive changes:

Mood changes/Changes in affect:

Functional Changes (School/work/activities of daily living performance):

Behaviour changes (bizarre/disorganized):

Paranoia:

Section 6: Additional Information

Mental Health History - Please include current and previous diagnostic impression, diagnoses and treatment:

Medical History:

Diagnosed developmental disability Yes No If yes please explain:

Has there been any previous hospitalizations for mental health reason?

Yes No (If yes, when and where):

Medication List (leave blank if MAR sheet has been attached):

Has this person been tried on anti-psychotic medication?

Yes No (If yes, when and where):

Family History (mental health, addictions, major medical diagnosis):

Substance Use History: (please list substance, frequency and amounts (if known))

Does this person see their substance use as an issue in their life? Yes No

Section 7: Risk Assessment

Danger to self?

Self harm? Current Historically

Has this person experienced suicidal ideation? Current Historically

Have they ever attempted to end their life? Yes No

If yes, please provide details:

Danger to others (example: homicidal, access to weapons)?

Danger from others (example: gang involvement, domestic violence)?

Other risks (example: sexual deviance)?

Does this person have any active legal charges? Yes No

If yes please explain:

Does this person have capacity of decision making regarding treatment Yes No

If no, who is the substitute decision maker?

Does this person have a CTO: Yes No Considering

If this person is currently in hospital, what is the approximate discharge date?

If you have any referral processing questions and/or concerns, please contact:

First Place Clinic
500 – 28 Cumberland N
Thunder Bay, ON
P7A 4K8

Phone: 807-345-0060

Fax: 807-345-0030

Email: firstplaceadmin@cmha-tb.on.ca

Clinic Hours:

Monday to Friday 9:00 am to 5:00 pm

Closed between 12:00pm and 1:00pm

Who We Are

First Place Clinic & Regional Resource Centre is a program within CMHA Thunder Bay Branch. We are an early psychosis intervention program that offers assessment and if appropriate, treatment services to young people between the ages of 14 and 35 who are experiencing recent, very specific changes in thinking, mood and perception. These changes can contribute to feelings of confusion and make it difficult to know the difference between what is real and not real.

Our services are confidential, voluntary, and in a community based setting. We encourage you to bring family with you for assistance and support. Our philosophy is one of hope and recovery.

First Place offers:

- a low key, warm and friendly place to meet in the community
- professionals who care and have expertise in working with people who are experiencing psychosis
- confidential services
- education and support to get better and stay better
- education and support for family and friends.

There is no cost to clients; services are funded by the Ministry of Health & Long-Term Care. A valid health card must be brought to every appointment.

Further Assessment

As we work together and get to know your situation better, our team will gain a better understanding of your experience with psychosis. This happens over time.

Sometimes the team needs extra information to help understand you better and will recommend you participate in additional assessments. This may include specific medical check-ups and/or a variety of medical tests. We will work with you to complete these specialized tests. The information from these tests helps the team to better know how your brain learns, processes information, and impacts your behaviour.

Your Time With First Place

Clients are usually involved with First Place for approximately three years. However, this could vary as the recovery process/journey is different for each person. We will continue to work with you as long as there are shared goals. When the goals are accomplished we can help plan for any follow up services you need.

Our Team

Our team includes Registered Nurses, Family Care Coordinators, Recovery Care Coordinators, Nurse Practitioner, psychotherapy services, and a Clinical/Administrative Assistant. We follow a team approach to assessment and treatment which means we work together to help you. We will work with you identifying your roles and responsibilities and those of staff.

Coming to Appointments

We always see people by appointment. In the beginning, your nurse will want to see you approximately once a week. The nurse is your “go to person” – the person you call when you have questions and the person who will help coordinate your care.

Your family will be assigned their own family care coordinator who is their “go to person”. Your family is encouraged to meet with the family care coordinator for education about the illness, recovery, and for their own support.

Recovery Care

Recovery planning is developed with you and your recovery care coordinator. Recovery planning is about deciding on the steps you will take to get better and stay better. It also involves working on personal life goals such as, goals with school, work, and social life. An example may be, to return to school. Recovery steps might include figuring out what kind of a work load you can manage, discussing what supports might be helpful, and linking you to those supports. When there are “bumps” on the road to recovery, as there sometimes are, we will have honest discussions and hopefully you will let us work with you to get over the bumps and on to a smoother road.

Working Together

Periodically, you, your family, and the treatment team will meet as a group to share information, check-in or problem solve when stressors come up, or plans and goals need to be re-visited. Other times, if you are working with other agencies or professionals in the community and there is a need to share information, we can also get together. We call these partnership meetings. Over time, as things get better for you and your family, appointments will be shorter and spaced further apart i.e., once a week and then once every couple of weeks and then once a month, etc. If you go through rough patches and let us know, we can see you more often to help you through the rough patches. We can also help make referrals to other community programs if wanted or needed.