Mental Health and Addictions
Community Mental Health and Addictions Clinics
Opioid Treatment and Recovery Program
Withdrawal Management Services
REFERRAL FORM

NOTE: Primary Health Care providers can complete the following form for patients to access Mental Health and Addictions Program. People are welcome to call the provincial intake line to make a self−referral: **1−855−922−1122**.

INFORMATION FOR YOUR CLIENT / PATIENT:

- Please ensure your client / patient is aware that the referral is being made.
- Mental Health and Addictions Intake Service will attempt to contact the patient and leave a voicemail, when consent is provided. If the patient cannot be reached, the referring provider will be notified. Note the number will appear as MHA Intake.
- Given NSH facilities are teaching institutions, your client / patient can expect to have residents or students involved in their care.

Please fax this completed form (all pages) **to the appropriate service location:**

- Halifax area, Eastern Shore and West Hants: 902−461−2129
- South West, South Shore and Annapolis Valley areas: 902−678−4750
- Cape Breton, Antigonish and Guysborough areas: 902−567−3634
- Colchester−East Hants, Cumberland and Pictou areas: 902−461−7780

Date of referral (YYYY/MON/DD): 2025-09-05

Service requested: ☑ Therapy ☐ Psychiatry

CLIENT / PATIENT INFORMATION	REFERRING PROVIDER INFORMATION
Name: Anthony 'Anthony' Dulong	Referring provider: VirtualCareNS - NP Ashley Hinchey
Parent / Guardian:	Phone Number: (902) 418-4929
Phone Number: (902) 778-3217	Full Address: VirtualCareNS, 462 Main Street, Middleton, NS, B0S 1P0
Full Address: 2771 Connaught Ave, Halifax, NS, B3L 2Z8	Fax: (855) 632-4962
Date of Birth (YYYY/MON/DD): 1990-08-03	PMB: 83466 / Mnemonic: VCHINCHEAM
Health Card #: 0000247312 Expiry date: (YYYY/MON/DD)	

Is there a need for an interpreter? ☐ Yes ☑ No If yes, please specify which language:

Are there any accessibility concerns? ☑ Yes ☐ No If yes, please specify: Struggles with agoraphobia

CONSENT TO CONTACT PATIENT / CLIENT / DELEGATE:

By confirming the information below, the referral source confirms that the patient gives their consent for the NSH Mental Health and Addictions to contact them regarding this referral.

☑ Patient / Client ☐ Delegate If Delegate, specify relationship to patient:

Consent to leave voicemail message at primary phone number (listed above): ☑ Yes ☐ No

Consent to mail letters to address above: ☑ Yes ☐ No

If there is an additional phone number to contact, please specify type (e.g., office, cell, etc.) and number: Pt phone only workin

Consent to leave voicemail at second contact number: ☐ Yes ☐ No

REASONS FOR REFERRAL:

Hx AUD, GAD, ADHD insomnia, PTSD. Has trialed various medications with limited response. May benefit from psychotherapy, CBTi

nova scotia health

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Patient Name: Anthony 'Anthony' Dulong | **DOB (YYYY/MON/DD):** 1990-08-03

CURRENT SYMPTOMS OF CLINICAL CONCERN:

☑ Anxiety	☑ Attention / Focus problem	☐ Compulsive behaviours	☑ Depressed mood
☐ Delusions / Paranoia	☐ Disruptive / Conduct related	☐ Eating or feeding related	☐ Elevated mood
☐ Elimination−bladder control	☐ Elimination−bowel control	☐ Gender dysphoria	☐ Grief reaction
☐ Hallucinations	☐ Impulse−control	☐ Mood instability	☐ Neuro−cognitive
☐ Obsessive thoughts	☐ Personality related	☐ Psychosis	☐ Self−injury / Self−harm
☐ Somatic symptoms	☐ Stress	☐ Suicidality	☑ Trauma

Problematic Substance Use and Gambling:

☑ Alcohol ☐ Cannabinoids ☐ Gambling ☐ Hallucinogens ☐ Hypnotics ☐ Opioids ☐ Sedatives
☐ Solvents / Inhalants ☐ Stimulants ☐ Tobacco ☑ Other, please explain: Benzodiazepine - chronic use

Please elaborate and provide relevant information about symptoms here:

~~Chronic ETOH misuse - feels this helps to manage anxiety~~

RISK TO SELF / OTHERS: (check all that apply)

☐ Active Suicidal Ideation	☐ History of Suicide Attempt(s)	☐ Thoughts of Harm to Others
☐ Passive Suicidal Ideation	☐ Current Self−Harm Behaviour	☐ History of Violence

Current Estimate of Overall Level of Risk: ☑ **LOW** ☐ **MODERATE** ☐ **HIGH**

Please elaborate and provide relevant information about risk here:

Completed By: VirtualCareNS - Ashley Hinchey (Print name and credentials)

Ashley Hinchey (Signature)

Date completed: 2025-09-05 (YYYY/MON/DD)

If your client / patient is at immediate risk of harming themselves or others, the patient should be directed to the nearest Emergency Department for assessment. Please ensure all patients are provided with the 24 / 7 provincial Crisis Line (1−888−429−8167) and Emergency resource information.

Please include the following (if possible):

- Relevant lab and test results
- Medication sheet
- Previous psychiatric consultations or discharge summaries
- Medical reports, physical findings and / or psychological findings