

Adolescent Psychiatry – BC Children's Hospital
Mental Health Building
Entrance 1, 2nd Floor
4555 Heather Street

Vancouver, BC
Phone: 604-875-2232
Fax: 604-875-3770

To: Referring Physician,
Please read the information provided

From: Adolescent Psychiatry

**Hospital
& Unit:**

Physician:

Phone:

FAX:

Re:

Date:

The Adolescent Psychiatric Unit (P2) at BC Children's Hospital has received a request for transfer from your facility.

1) Please fax the documentation to 604-875-3770:

- The Psychiatric Evaluation
- **STATED REFERRAL AND REASON FROM REFERRING PSYCHIATRIST/PHYSICIAN**
- Mental Health Act forms 4 or 2
- Recent Nursing Notes
- Physical Examination and pertinent lab results

****PRIOR TO ACCEPTANCE**:** Our Pre Admission Team will review the above documentation, contact you, advise you of bed availability and inform you if the patient will be accepted for transfer. Patients must be medically stable with documented medical clearance.

2) Once the patient has been accepted for transfer please:

- FAX **Interhospital Transfer Form** to Adolescent Psychiatry **day of transfer**
- Contact the P2 unit at 604-875-2232 to inform them of the transfer arrangements and give verbal Nurse to Nurse handover highlighting safety concerns.
- Ensure the guardians/caregivers are informed
- Ensure the patient has all of their personal items
- FAX or provide photocopies of the patient chart including:
 - Physician Orders and documentation
 - Medication Administration Records
 - Last 72 hours of nursing notes
 - Consults including Emergency Room visit
- Contact the Adolescent Unit when the patient departs from your facility

****THE PATIENT FROM THE TRANSFERRING FACILITY WIL NOT BE ADMITTED
TO THE P2 (Adolescent Psychiatry Unit) PROGRAM OUTSIDE OF THE
TIME CONFIRMED FOR ADMISSION****