DR. PAULINE LYSAK

P S Y C H I A T R I S T B.Med, M.D., FRCP(C)

Tel (250) 483-7641
Fax (250) 483-7643
office@lysak.org
www.lysak.org

About the Patient

NAME	
DOB (D/M/Y)	MSP
ADDRESS	HOME PHONE
	WORK PHONE
	CELL PHONE

About You

NAME	
MSP	OFFICE PHONE
BACK LINE	FAX
ADDRESS	

Please include (here or on separate pages) all of the following:

REASON FOR REFERRAL	
CURRENT PHYSICAL, PSYCHIATRIC & SUBSTANCE USE DIAGNOSES	
ALL CURRENT MEDICATIONS & DOSES	ALLERGIES

☐ PREVIOUS PSYCHIATRY REPORTS ATTACHED

☐ SEEN BY PSYCHIATRY, NO REPORTS AVAILABLE:
- ☐ ER / PES
- ☐ USTAT (OR SIMILAR)
- ☐ INPATIENT
- ☐ OUTPATIENT

☐ NOT SEEN BY PSYCHIATRY BEFORE

IF REPORTS NOT AVAILABLE, SPECIFY WHO/WHERE SEEN, APPROX. DATE, REASONS

PREVIOUS PSYCHOTROPIC MEDICATIONS USED/TRIED

ATTACH RECENT LABORATORY INVESTIGATIONS (INCLUDE AT LEAST THE FOLLOWING, PLUS ANY APPLICABLE MED LEVELS, E.G. VALPROATE)

FERRITIN _____ VIT B12 _____ TSH _____ CREA _____ ALT _____ QTC INTERVAL _____ ☐ WILL ORDER MISSING LABS

ANY OTHER IMPORTANT INFORMATION

☐ Please do not make medication changes (RECOMMENDATIONS ONLY)
☐ Please do not consider for longer-term followup (CONSULTATION ONLY)

DATE (D/M/Y)	SIGNATURE

Dr. Lysak's MSP # is 67382