DR. PAULINE LYSAK

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

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www.lysak.org

About the Patient

NAME	
ADDRESS	DOB (D/M/Y)
	PHN
	MAIN TEL ☐ HOME ☐ CELL ☐ WORK
EMAIL	ALT TEL ☐ HOME ☐ CELL ☐ WORK

About You

NAME	
ADDRESS	MSP
	OFFICE TEL
	FAX
EMAIL	BACK LINE

Please include (here or on separate pages) all of the following. Incomplete referrals will be returned.

REASON FOR REFERRAL ☐ PRIMARY PSYCHIATRIC CONCERN IS MOOD OR ANXIETY

☐ PREVIOUS PSYCHIATRY REPORTS ATTACHED
☐ NOT SEEN BY PSYCHIATRY BEFORE
SEEN BY PSYCHIATRY, NO REPORTS AVAILABLE: ☐ ER / PES ☐ USTAT ☐ INPT ☐ OUTPT
PROVIDE BELOW: WHO/WHERE SEEN, APPROX. DATE, REASONS

ALL CURRENT MEDICATIONS & DOSES	CURRENT PHYSICAL, PSYCHIATRIC, SUBSTANCE DIAGNOSES
PREVIOUS PSYCHOTROPICS (DATE, DOSE, DURATION, OUTCOME)	OTHER INTERVENTIONS TRIED (DATE, OUTCOME)

ANY OTHER IMPORTANT INFORMATION

☐ RECENT LABORATORY INVESTIGATIONS ATTACHED MUST INCLUDE AT LEAST: FERRITIN, VIT B12, TSH, CREATININE, ALT, ECG	BP	HR	ALLERGIES

☐ I (or my clinic) will remain available to provide ongoing primary care for this patient, including:

- addressing physical health concerns that arise while under Dr. Lysak's care
- receiving patient care correspondence from Dr. Lysak and responding as required
- reassuming provision of mental health care post-discharge

DATE (D/M/Y)	SIGNATURE

Check our website (lysak.org) to see if we're currently accepting new patients.
Contact us if you don't get a response within two weeks of submitting a referral.

Dr. Lysak's MSP # is 67382