

Referral Criteria for: Neuropsychiatry Clinic

Referral Criteria	
What are the age criteria?	Between the ages of 6-18 years old
What are the gender criteria?	n/a
Who can refer?	A General Practitioner, Medical Specialist, Neurologist or Pediatrician can make a referral
Is there a form that needs to be filled out?	The Child & Adolescent Mental Health Outpatient Programs Referral Form needs to be filled out
How do you submit this form?	The Child & Adolescent Mental Health Outpatient Programs Referral form and a detailed letter with copies of all reports (all prior assessments (occupational therapy/speech language pathology/psychology, children and youth mental health), pediatrician reports, previous Autism assessments, Complex Developmental Behavioural Conditions assessments) plus name, address, all contact telephone numbers, Personal Health Number and birth date can be mailed or faxed to 604-875-2099
If there is no form that needs to be filled out, then who does the referrer need to contact?	n/a
The full address of where service is offered.	BC Children's Hospital 4500 Oak Street Vancouver, BC V6H 3N1
Description of target audience.	We serve patients with mental health issues in the presence of a neurodevelopmental disorder such as: Autism Spectrum Disorder,

	<p>Fetal Alcohol Syndrome, Intellectual Disability, Seizure Disorder, Cerebral Palsy, Traumatic Brain Injury and genetic disorders (such as, Prader Willi and Fragile x).</p> <p>Relevant mental health issues may include Attention Deficit Hyperactivity Disorder, oppositional defiant disorder, obsessive compulsive disorder, anxiety difficulties, attachment disorders, encopresis /enuresis, autistic spectrum disorders, sleep disorders, depression, schizophrenia, Tourette disorder and other tic disorders, & stereotypic movement disorder.</p> <p>We will also accept patients who have tic disorders and stereotypic movement disorders in the absence of another neurodevelopmental disorder.</p>
<p>Who is the service not appropriate for?</p>	<p>This service is not appropriate for adults, Autism assessments, long-term treatment, medical legal issues, psycho-educational/occupational therapy/ speech language pathology assessments and custody/ access/court reports</p>
<p>Before or after care restrictions or considerations.</p>	<p><u>Before care restrictions:</u> Patient requires community General Practitioner.</p>
<p>Is there anything else you need to know about the referral process?</p>	<p>Our primary mandate is to provide specialized consultation and limited treatment for children and youth with complex emotional/behavioural concerns who have not responded to community treatment resources. In some limited cases, we provide consultation for child and youth with less complex concerns in order to meet our multiple mandates of teaching, research, and program development.</p> <p>Where the primary focus of the referral fits the mandate of another clinic, the alternate clinic will be suggested to the referring physician.</p>

