

## Referral Form for Virtual Psychiatry Consultations (VPC)

Date of referral: \_\_\_\_\_

Please review information on page 2 while patient is present. Fax completed referral to **604-675-2666**.

**Patients are eligible for VPC if they meet all the criteria below:**

- |                                                                                                                                                        |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Requires a psychiatric consultation or short-term intervention                                                                | <input type="checkbox"/> Is NOT currently followed by a psychiatrist or mental health team                                       |
| <input type="checkbox"/> Has a family physician (FP) in the City of Vancouver                                                                          | <input type="checkbox"/> Does NOT have dementia (major neurocognitive disorder)                                                  |
| <input type="checkbox"/> Is between the ages of 19 and 64                                                                                              | <input type="checkbox"/> Does NOT have active psychosis                                                                          |
| <input type="checkbox"/> Has a suspected anxiety, depressive or bipolar disorder, or a schizophrenia spectrum disorder chronically managed by FP       | <input type="checkbox"/> Does NOT require immediate crisis intervention                                                          |
| <input type="checkbox"/> Has access to a computer, tablet or phone; ability to do a voice call is required and ability to do a video call is preferred | <input type="checkbox"/> Is NOT seeking psychiatric assessment for legal or work-related purposes (e.g. a capability assessment) |

### Referring provider:

Name: \_\_\_\_\_  
MSP #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email\*: \_\_\_\_\_  
OR stamp/label: \_\_\_\_\_

### Patient:

Chosen Name: \_\_\_\_\_  
Name on MSP card: \_\_\_\_\_  
PHN: \_\_\_\_\_  
DOB (e.g. 01-Jan-1980): \_\_\_\_\_ Sex on MSP card: \_\_\_\_\_  
Gender and pronouns: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone\*: \_\_\_\_\_  
E-Mail\*: \_\_\_\_\_  
Language(s) spoken: \_\_\_\_\_  
\_\_\_\_\_ ☐ Interpreter required

\*We will email you a link to a feedback form. We value your input.

\*Case coordinator will call for intake. Video link will be emailed.

Has this patient accessed mental health services before? ☐ No ☐ Yes (please attach previous notes)

Preferred visit modality: ☐ Video visit ☐ Phone (Audio Only)

Is this a re-referral to VPC? ☐ No ☐ Yes

### Synopsis of concerns:

### Reasons for referral (specific questions and goals):

**Attach relevant history:** ☐ Consult notes ☐ PHQ-9 ☐ GAD-7 ☐ Current and previous medications ☐ Patient on Plan G

- ☐ I can provide additional collateral and would like the psychiatrist to contact me by phone prior to the appointment(s).  
☐ I would like to speak with the psychiatrist by phone after the appointment(s) for a debrief conversation, if appropriate.  
(Family physicians can bill 14077 for telephone conference with psychiatrist. See [gpscbc.ca/what-we-do/incentives/fees](https://gpscbc.ca/what-we-do/incentives/fees))

The psychiatrist can call me at: ☐ cell: \_\_\_\_\_ ☐ office: \_\_\_\_\_

## Information about Virtual Psychiatry Consultations (VPC) and other mental health services

### What is VPC?

- VPC is a prototype funded by Shared Care, a partnership of Doctors of BC and the BC government. This initiative aims to improve:
  - Access to psychiatric consultations for patients with moderate mental health concerns.
  - Coordination of care between psychiatrists and family physicians.
- The prototype aims to operate Oct 2020 to Oct 2021 at minimum. If the model is successful, we will work towards scaling it up.

### What are the steps?

|           |                                                                                                                                                                                                                                                                                                                                |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Referral  | Share the patient handout with your patient and discuss whether VPC seems like a good fit. If so, discuss the patient's goals for the consultation and document them on the referral form. Complete the form and fax it to 604-675-2666.                                                                                       |
| Intake    | Our nurse case coordinator will phone your patient to complete the intake assessment and schedule the initial consultation with a VPC psychiatrist. We will attempt to contact the patient twice.                                                                                                                              |
| Consult   | Your patient will meet with a psychiatrist. A video visit is preferred but phone is an option. The number of visits will depend on the patient's needs; most patients will have 1-3 visits. A "no show" will result in the patient becoming ineligible for VPC, unless the "no show" is a result of exceptional circumstances. |
| Discharge | After receiving a discharge summary from the psychiatrist and possibly completing a debrief call, you will continue caring for your patient. The psychiatrist may be open to follow-up calls for up to a month post-discharge. After that, additional psychiatry advice is available through the RACE line (604-696-2131).     |
| Feedback  | We will email you, your patient and the psychiatrist links to feedback forms. Your input is vital to the evaluation and continuous improvement of VPC.                                                                                                                                                                         |

### What other services should my patients and I consider?

| Service                            | What is it?                                                                                               | How can my patients access it?                                                                                                                                |
|------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Various self-referral resources    | Crisis support, community services, low-cost counselling, virtual therapists, online resources            | Refer to VPC patient handout                                                                                                                                  |
| CBT Skills Groups                  | 8-week psycho-educational classes for adults                                                              | Referral required: <a href="https://cbtskills.ca/physicians">cbtskills.ca/physicians</a>                                                                      |
| BounceBack BC                      | Phone-based coaching or self-directed learning                                                            | Patients can self-refer. BounceBack may contact you. Visit: <a href="https://bouncebackbc.ca">bouncebackbc.ca</a>                                             |
| Access and Assessment Centre (AAC) | A way to access VCH services for non-life threatening mental health or substance use issues               | Patients can call 604-675-3700 or walk in at 803 West 12th Ave, Vancouver, BC                                                                                 |
| Elder Care Ambulatory Clinic       | Outpatient psychiatry for patients aged 65+                                                               | Referral required: <a href="https://providencehealthcare.org/elder-care-ambulatory-clinic">providencehealthcare.org/elder-care-ambulatory-clinic</a>          |
| Foundry Vancouver-Granville        | Mental health and substance use support for patients aged 12-24; patients can self-refer to some services | Psychiatric consults and intensive case management require referrals: <a href="https://foundrybc.ca/vancouver-granville">foundrybc.ca/vancouver-granville</a> |
| Physician Health Program Helpline  | Confidential 24/7 support for physicians, residents, medical students and family members                  | Call 1-800-663-6729 or visit <a href="https://physicianhealth.com">physicianhealth.com</a>                                                                    |