

Springboard Referral Form for Children/Adolescents (Ages 6-17)

Please fax the completed form to (416) 901-3079 or email it to info@springboardclinic.com

INFORMATION FOR REFERRING PHYSICIANS

We are pleased to offer ADHD/Mental Health and Psychoeducational Assessments for individuals seeking a specialty consult in the province of Ontario.

We require this referral form to be completed in full prior to booking a consultation.

Upon completion of the assessment our team will share a detailed note with clinical impressions and treatment recommendations with the referring physician. Post-assessment, pending diagnosis and treatment recommendations, the patient may receive follow-up medical support at Springboard Clinic, or with their community physician. Of note, Springboard Clinic provides consulting medical services; care will be transferred back to the referring physician once medication has been optimized. At that time, the patient's primary care provider will be responsible for taking over the patient's care and ongoing medication needs. Should questions or concerns arise post-discharge, clients may be re-referred for reassessment of their ADHD treatment plan by one of Springboard's specialist physicians.

Of note, our medical team is open to connecting with patients' primary physician directly should questions or concerns arise. We thank you for taking the time to help us determine whether your patient is a good fit for this service.

INFORMATION FOR PATIENTS

Please ensure your patient is aware that the referral is being made on their behalf.

Springboard Clinic will make three attempts to contact the patient regarding this referral. If the patient cannot be reached, the referring provider will be notified. Note the number will appear as a blocked caller ID.

Please ensure your patient is aware of the fees associated with our services, which are tax exempt and eligible for insurance reimbursement:

- Child (6-12 years) or Student (13-17 years) ADHD Assessment: \$2508
- Psychoeducational Assessment (6+): \$4180
- Coaching / Psychotherapy: \$209/hr

REFERRAL COMPLETION CHECKLIST

We require this referral form to be completed *in full* to proceed with a consultation request. A generic referral form will not be considered.

In order to ensure the completeness of this consultation request, please refer to the checklist below:

Please attach the following:

- Completed Springboard Referral Form
- Any relevant documents, such as prior psychiatric consultations or discharge summaries, psychoeducational, speech/language, mental health, or other relevant assessment reports
- Copy of growth chart (if available)

Current Medications:	Previous Medication Trials and Reason for Discontinuation:
Risks and Safety Concerns:	
<p>Suitability for Online Assessment (COVID-19): <i>We would appreciate your help in determining if this client is a suitable candidate for an online assessment, or if they should be put on a waitlist for in-person assessment services.</i></p> <p>Do you feel this client is an appropriate candidate for an online (distance) assessment with our specialist team? Y / N</p> <p>Notes:</p>	

<p>PHYSICAL EXAMINATION</p> <p>The following information must be provided for <i>all clients under the age of 18</i> as due to current limitations the majority of assessments are taking place online.</p> <p>*If you are unable to conduct a physical examination when completing this form due to COVID, please provide us with your most up-to-date information.</p> <p>Please also attach a growth chart to this referral, if available.</p>
<p>Height:</p> <p>Weight:</p> <p>Blood Pressure:</p> <p>Heart Rate:</p> <p>Chest Examination:</p> <p>Cardiovascular Examination (CVS):</p> <p>Other (if applicable):</p>

FORM COMPLETED BY:

Name: _____

CPSO #: _____

Date: _____

Signature: _____