Springboard Clinic
1055 Yonge St., Suite 306
Toronto ON M4W 2L2
Tel: 416.901.3077

Springboard Clinic Referral Form for Adults (Age 18+)

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:

- Adult ADHD Assessment (18+ years): $2090
- Psychoeducational Assessment (6+): $4180
- Coaching / Psychotherapy: $209/hr

REFERRAL COMPLETION CHECKLIST

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

The following items are optional. Please review the History and Examination Prior to Starting ADHD Medication questionnaire; should any concerns be noted, further investigations may be required prior to initiating treatment:

- ☐ History and Examination Prior to Starting ADHD Medication *(for adult clients over 18)*
- ☐ Recent blood work (within the last 12 months) *(for adult clients over 18)*
- ☐ Recent ECG (within the last 12 months) *(for adult clients over 18)*

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PATIENT INFORMATION *(may attach label)*

Name: _____ DOB (dd/mm/yyyy): _____

Health Card: _____ Version Code: _____ Gender: _____ Pronouns: _____

Telephone: _____ Email Address: _____

Alt Telephone: _____ Address: _____

_____

REFERRING PRACTITIONER INFORMATION

Practitioner Type: ☐ Family Physician ☐ Nurse Practitioner ☐ Psychiatrist ☐ Other: _____

Name: _____ OHIP Billing No.: _____

Telephone: _____ Are you this patient's primary care provider? Y / N

Fax: _____ Do you agree to implement/monitor recommendations and

Address: _____ provide ongoing follow-up? Y / N

_____

Reason for consultation (current symptoms and functioning, behavioural concerns, etc.):

What specific service are you referring your patient for?

☐ ADHD/Mental Health Assessment ☐ Psychoeducational Assessment ☐ Coaching / Psychotherapy

☐ Other: _____

Significant concurrent problems:

Past psychiatric medical history *(attach all relevant documentation)*:

Other relevant history:

Current Medications (*attach medications list)*:

Previous Medication Trials and Reason for Discontinuation:

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Risks and Safety Concerns:

Suitability for Online Assessment (COVID-19): *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.*

Do you feel this client is an appropriate candidate for an online (distance) assessment with our specialist team? Y / N

Notes:

FORM COMPLETED BY:

Name: _____ CPSO #.: _____

Date: _____ Signature: _____

The following section is optional; we do not require this information to be provided in advance of the initial assessment.

HISTORY AND EXAMINATION PRIOR TO STARTING ADHD MEDICATION

There are certain situations during which an electrocardiogram (ECG) is required prior to a stimulant trial (e.g., in patients taking a tricyclic antidepressant, phenothiazine, etc). Blood pressure, pulse and cardiac auscultation is recommended prior to trialing a stimulant.

Because a variety of cardiac conditions of medications may be complicated by a stimulant medication, we generally recommend the patient undergo ECG screening prior to prescribing a stimulant. Please see the following questionnaire regarding personal or family cardiac histories that would require further investigation, including a possible cardiology referral.

Shortness of breath with exercise (more than others of the same age) in the absence of an alternate explanation (e.g. asthma, sedentary lifestyle, obesity)	Y / N
Poor exercise tolerance (in comparison with others) in the absence of an alternate explanation (e.g. asthma, sedentary lifestyle, obesity)	Y / N
Fainting or seizures with exercise, startle or fright	Y / N
Palpitations brought on by exercise	Y / N
Family history of sudden or unexplained death including sudden infant death syndrome, unexplained drowning or unexplained motor vehicle accidents (in 1st or 2nd degree relatives)	Y / N
Personal or family history (1st or 2nd degree relatives) of non-ischemic heart disease such as: • Long QT syndrome or other familial arrhythmias • Wolff-Parkinson-White syndrome • Cardiomyopathy • Heart transplant • Pulmonary hypertension • Unexplained motor vehicle collision or drowning • Implantable defibrillator	Y / N

PHYSICAL EXAMINATION: 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.

Height: **Weight:** **Blood Pressure:**

Thyroid Exam: ☐ Unremarkable ☐ Abnormal **Cardiac Auscultation?** ☐ Normal ☐ Abnormal

Organic (not functional) murmur present? Y / N

Other abnormal cardiac findings (e.g. sternotomy incision, etc.)? Y / N