



Application must be completed by the attending psychiatrist or addictions specialist with a recent consultation report attached.

Send form to: Out-of-Province Claims 2-1, 1515 Blanshard Street Victoria BC V8W 3C8 Phone: 250 952-1891 Fax: 250 952-1940

PHYSICIAN

Table with 3 columns: Referring Physician, Phone Number, Fax Number; Mailing Address; Signature of Referring Physician, Date Signed

PATIENT

Table with 2 columns: Patient Last Name, Patient First Name; BC Personal Health (CareCard) Number, Birthdate

OUT-OF-PROVINCE TREATMENT PROGRAM

Table with 2 columns: Facility Name, Facility Location (City, Province); Program Name, Treatment Length (# of days)

DIAGNOSIS, ASSESSMENT AND MEDICAL HISTORY

1. Is the patient mentally alert, medically stable and able to participate in residential treatment?

Yes No If no, please explain:

Large empty box for explanation of question 1

2. Does the patient demonstrate significant impairment in functioning as a direct result of severe mental illness or substance abuse in any of the following categories?

a) Social Yes No b) Family Yes No c) Occupational Yes No

If no in any or all of the above categories, please explain:

Large empty box for explanation of question 2

3. Why is the patient unable to maintain sobriety and continuing to use substances despite active outpatient treatment in the last three months?

4. Is partial hospitalization or intensive outpatient treatment medically appropriate now?

Yes No If no, please explain:

5. How would the patient's current social and living environment sabotage attempts at outpatient treatment?

6. Has the patient been hospitalized in the past 10 years for addiction and mental health?

Yes No If yes, please provide details:

Program Name	Diagnosis	Admission and Discharge Date	Outcome
		A	
		D	
		A	
		D	
		A	
		D	

If no, please explain:

7. The referral for out-of-province treatment must be reviewed with the Regional Director responsible for Mental Health and Addiction Programs in your regional health authority. The Regional Director contacted:

Name	Health Authority	Phone Number	Date
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8. Is your patient a health care provider? Yes No
 If so, is she/he currently licensed? Yes No

MULTIAXIAL FORMULATION

AXIS I - Clinical Disorders / Other Conditions that may be a focus of Clinical Attention

Diagnosis Code	DSM-IV Name

AXIS II - Personality Disorders / Intellectual Disability

Diagnosis Code	DSM-IV Name

AXIS III - General Medical Conditions

Diagnosis Code	DSM-IV Name

AXIS IV - Psychosocial and Environmental Problems - check all that apply and SPECIFY for any checked item.

- Problems with primary support group _____
- Problems related to the social environment _____
- Educational problems _____
- Occupational problems _____
- Housing problems _____
- Economic Problems _____
- Problems with access to health care services _____
- Other psychological and environmental problems _____

AXIS V - Global Assessment of Functioning Scale

Score: _____

Time Frame: _____

ASAM LEVEL OF CARE MATRIX FOR PATIENTS WITH SUBSTANCE ABUSE

Dimension	Treatment Level
1. Acute Intoxication / Withdrawal Potential	
2. Biomedical Conditions and Complications	
3. Emotional / Behavioural or Cognitive Conditions	
4. Readiness to Change	
5. Relapse, Continued Use or Continued Problem Potential	
6. Recovery Living Environment	

The personal information on this form is collected under the *Freedom of Information and Protection of Privacy Act*, Section 26 (c), and will be used to assess the application for funding of out-of-province treatment. If you have any questions about the collection and use of this information, please contact Out of Province Claims by mail at 2-1, 1515 Blanshard Street, Victoria, BC, V8W 3C8 or by phone at (250) 952-1891.