



FATHERS' MENTAL HEALTH CONSULTATION AND TREATMENT SERVICE

This service is offered exclusively to fathers whose mental health is at risk of interfering with fatherhood. A consultation will include a psychiatric assessment as well as exploration of family functioning.

Contact us:

Fathers' Mental Health Program Phone: 416-530-6486 ext. 4518
 30 The Queensway Rm. 3L-234 Fax: **416-530-6393**
 Toronto, Ontario M6R 1B5

FATHER'S CONTACT INFORMATION		
Please note: Patients will be contacted by our office to arrange an appointment.		
Name:	DOB:	
Address:		
Phone:	Email:	
<u>Preferred contact method:</u>	<u>Preferred appointment time:</u>	
<input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
FATHER'S DEMOGRAPHIC DATA <i>(check all that apply)</i>	SERVICE REQUESTED <i>(check all that apply)</i>	
<input type="checkbox"/> Expectant Father (partner is pregnant) <input type="checkbox"/> New Father (child < 1-year old) <input type="checkbox"/> Father (children ≥ 1-year old) <input type="checkbox"/> Lives with children <input type="checkbox"/> Does not live with children	<input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/> Assessment for Psychotherapy <input type="checkbox"/> Assessment for Medication	
REASON FOR REFERRAL <i>(check all that apply)</i>		
<input type="checkbox"/> Anxiety <input type="checkbox"/> Anger <input type="checkbox"/> Depression	<input type="checkbox"/> Interpersonal difficulties <input type="checkbox"/> Mania/Psychosis <input type="checkbox"/> Substance Use	Comments:
PHYSICIAN REFERRAL SOURCE INFORMATION		
Name:	OHIP Billing #:	
Phone #:	Mailing Address:	
Fax #:		