



Centre for Addiction and Mental Health
Forensic Psycholegal Clinic
455 Spadina Avenue, Suite 200
Toronto, ON M5S 2G8
Tel: 416-260-4147 / 416-535-8501x77360, Fax: 416-971-7172
www.camh.ca

Centre de toxicomanie et de santé mentale
Clinique de psychiatrie légale
455, avenue Spadina, Bureau 200
Toronto, ON M5S 2G8
Tél: 416-260-4147 / 416-535-8501x77360, Téléc: 416-971-7172
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Forensic Psycholegal Clinic **External Referral Form**

The Forensic Psycholegal Clinic (FPLC) at the 455 Spadina Avenue Site of the Centre for Addiction and Mental Health is a Forensic Psychiatry third-party referral clinic.

The Forensic Psycholegal Clinic accepts third party psycholegal criminal and civil assessment requests. Third parties include, but are not limited to: the Court, legal counsel (defence and crown), professional bodies (e.g., CPSO, CMPA, Law Society of Upper Canada), law enforcement (RCMP, OPP), and employment assistance programs.

The clinic cannot accept self-referrals, referrals from family members / friends, or from physicians (internally or externally). Please note that the third party requesting the assessment is fully responsible for all payment. Payment will not be collected from the evaluatee (the individual being assessed). Please note that the assessments are not funded by the Ministry of Health (OHIP).

Consistent with the goals of professional development, this clinic will involve peer review and training residents in forensic psychiatry. The assessments may involve psychologists and social workers as part of a multidisciplinary team.

The time frame for reports will generally be 45-60 days from when all information is available, and depending on the complexity. Wait lists will depend on physician availability. The clinic will aim to carry out a balance of requested assessments (e.g., defence, plaintiff, crown).

The assessor will contact you to discuss details, time frame, and fees. File information (such as court order, CPIC, police/legal records, psychiatric/medical records, etc., as applicable) is to be forwarded to the assessor.

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Referral Information
Please print clearly or type

Evaluee Information

Evaluee Name: (individual to be assessed)	Date of Birth: Day / Month / Year
Phone Number:	Charges/Convictions (as applicable):
Email:	
Address:	Occupation:
Marital Status:	Source of Income:
Does your client speak English? Yes [] No [] If not, do they require an interpreter*? Yes [] No [] Language/dialect: _____ <i>*Please note: You will be responsible for paying for the services of an interpreter.</i>	
Has your client ever been seen at CAMH before? Yes [] No []	

Referral Source Information

Referral date: Day / Month / Year		
Referral name:		
Referral organization:		
Address:		
Phone:	Fax:	Email:

Reason for Referral:

Funding for Referral (Please choose from the following and provide details)

- Legal Aide**
Hours approved for psychiatrist: _____
Hours approved for other (e.g. psychology, social work, interpreter): _____
Legal Aide Certificate Number: _____
- Crown Attorney**
- Private Retainer (Referral source is fully responsible for all payment)**
Please note: The individual psychiatrist may request that a retainer letter be signed. The hourly rate and fees are to be confirmed with the individual psychiatrist.
- Civil Case**
 - Plaintiff: Yes [] No []**
 - Defence: Yes [] No []**
 - Regulatory Body: Yes [] No []**

Please note: This assessment is NOT covered by OHIP.

Type of Assessment Requested (Please check box)

- Violence Risk Assessment
 - General
 - Sexual
 - Domestic
 - Stalking
 - Threat
 - Workplace
- Psychopathy Assessment
- Malingering Assessment
- Criminal Responsibility Assessment
- Pre-sentence/Disposition Assessment
- Dangerous Offender/Long-Term Offender Assessment
- Capacity Assessments (e.g. Professional Misconduct, Carry Firearm, etc.)
- Civil Assessments (e.g. Fitness for Duty, Disability Evaluations)
- Other (please specify) _____

Thank you for your referral. You will be contacted to confirm receipt.

All attempts will be made to meet your request to have this assessment completed. However, the ability to meet this request is subject to availability and the clinic reserves the right not to accept a referral.

Signature of individual making the referral to the FPLC:

Please forward this completed form to:

Iliana Hernandez
Administrative Assistant of FPLC
Tel: 416-260-4147 / 416-535-8501 Ext 77360
Fax: 416-971-7172
iliana.hernandez@camh.ca

FOR INTERNAL USE ONLY

Referral accepted by: _____ (Name of Psychiatrist)

Date of appointment: _____

Category of Assessment:

- Legal Aide
- Crown Attorney
- Other Criminal Issue (Private Retainer)
- Civil Case (circle Plaintiff, Defence, or Regulatory Body)