



Forensic Psychiatry
 Psycholegal Clinic

250 College Street, 11th Floor
 Toronto, ON M5T 1R8
 Tel. 416 535-8501 ext. 77360
 Fax. 416 971-7172

**Forensic Psychiatry Psycholegal Clinic:
 External Referral and Registration Form**

The Forensic Psychiatry Psycholegal Clinic at the 250 College Street Site of the Centre for Addiction and Mental Health is a Forensic Psychiatry third-party referral clinic.

The 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 physicians (internally or externally).

Psychiatrists take on a case as their workload, interest, and expertise allow. In some cases, a psychiatrist will not be available to take on a case. The clinic reserves the right **not** to accept a case.

Please note that for sexual risk assessments, assessments and phallometric will **not** be done until after a conviction has been made (e.g. for the pre-sentence report; for DO/LTO risk assessment).

If a psychiatrist is available, the time frame for reports will generally be 45-60 days from when all information is available and depending on the complexity of the matter. File information (such as court order, CPIC, police/legal records, psychiatric/medical records, etc., as applicable) is to be forwarded to the assessor. The psychiatrist may decide to involve psychology and/or social work to assist with the assessment.

The assessor will contact you to discuss details, time frame, and fees. For non-legal aid cases, the minimum hourly rate is \$400. The number of hours required will depend on many factors, including the volume of materials, and the complexity of the case. The third party requesting the assessment is fully responsible for all payments. Payment will **not** be collected from the evaluatee (the individual being assessed). The assessments are not funded by the Ministry of Health (OHIP).

Referral Information
Please print clearly or type

Evaluee Information

Evaluee Name: _____
 (individual to be assessed)

Date of Birth: Day / Month / Year

Charges (as applicable): _____

Convictions (as applicable): _____

Does the evaluatee speak English? Yes [] No []

If not, do they require an interpreter*? Yes [] No []

Language/dialect: _____

***Please note: The referral source will be responsible for paying for the services of an interpreter.**

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 if relevant/possible

Legal Aid

Hours approved for psychiatrist: _____

Hours approved for other (e.g. psychology, social work, interpreter): _____

Legal Aid Certificate Number: _____

Crown Attorney

Private Retainer

Civil Assessment

Plaintiff: Yes [] No []

Defence: Yes [] No []

Regulatory Body: Yes [] No []

Other (please specify) _____ Yes [] No []

The **referral source is fully responsible for all payments.**The individual psychiatrist may request that a retainer letter be signed. The hourly rate and fees are to be confirmed with the individual psychiatrist.

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

- Criminal Responsibility Assessment
- Fitness to Stand Trial Assessment
- Pre-sentence/Disposition Assessment
- Dangerous Offender/Long-Term Offender Assessment
- Civil Assessment
 - Capacity Assessments (e.g. Professional Misconduct, Carry Firearm, etc., please specify) _____
 - Fitness to Practice/for Duty
 - Disability Evaluation
- Other (please specify) _____

Please note that the clinic is **not** currently accepting referrals for child custody assessments.

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 the individual making the referral to the FPLC:

By signing this form, you acknowledge that you will be responsible for payment to the individual psychiatrist who performs the assessment.

Please forward this completed form to:

Iliana Hernandez
Administrative Assistant of FPLC
 Tel: 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: _____

Location of Appointment: _____

Category of Assessment:

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