The Phoenix Program
Early Intervention Service

The Phoenix Program is an Early Intervention Service for Psychosis (EIP) that is a clinical outpatient program jointly managed by Joseph Brant Hospital, Halton Healthcare, the North Halton Mental Health Clinic, ADAPT and the Schizophrenia Society of Ontario. The program is funded by the Ministry of Health and Long Term Care. We help clients who are experiencing early stages of psychosis and their families to identify their concerns and goals and to develop plans that work on recovering from psychosis. The staff available to support our clients' recovery plans are: Family Educators, Nurses, Occupational Therapists, Psychiatrists, Substance Use Clinicians and Peer Mentors.

The eligibility criteria for the Halton Early Intervention in Psychosis program are as follows:*

1. 14 to 35 years of age *and*
2. are experiencing symptoms of a psychotic disorder *and*
3. have received either no treatment for psychosis or 6 months or less of treatment for psychosis *and*
4. live in the Region of Halton

Because it takes time to diagnose the underlying cause of psychosis, Phoenix will provide two types of service:

1. **Initial assessment and treatment** –which will be provided to anyone between the ages of 14 and 35 experiencing symptoms of a psychotic disorder. Through that assessment and treatment, Phoenix will determine which clients will benefit from treatment and rehabilitation in the program, and which clients should be referred to other more appropriate services. Individuals who do not have a psychotic disorder should not be admitted to the program.
2. **Intensive treatment and rehabilitation services** –which will be provided to those individuals who meet the eligibility criteria listed above (ie. who have been diagnosed with a type of psychosis that can be treated effectively through Phoenix)

Send completed referral forms plus **relevant clinical information, including any assessments, consultations, psychiatric admissions, hospital or crisis team notes, neuropsychological testing, and rehabilitation reports** to intake at:

(Please direct fax via one-Link to Halton Healthcare for Oakville Residents and NHMHC for Milton, Georgetown & Acton Residents and directly to JBH for Burlington Residents.)

Halton Healthcare
3001 Hospital Gate
Oakville, ON, L6M 0L8
Tel (905) 845-2571 x4800
Fax (905) 338-2878

Joseph Brant Hospital
1230 North Shore Boulevard
Burlington, ON, L7S 1W7
Tel (905) 631-1939
Fax (905) 631-0513

North Halton Mental Health Clinic
217 Main St E
Milton, ON, L9T 1N9
Tel (905) 693-4240
Fax (905) 338-2878

* Early Psychosis Intervention Program Standards March 2011, Ministry of Health and Long Term Care

Phoenix Program – Early Intervention in Psychosis
REFERRAL FORM
Fax completed form to Intake at:

(Please direct fax via one-Link to Halton Healthcare for Oakville Residents and NHMHC for Milton, Georgetown & Acton Residents and directly to JBH for Burlington Residents.)

Halton Healthcare	**Joseph Brant Hospital**	**North Halton Mental Health Clinic**
Tel (905) 845-2571x4800	Tel (905) 631-1939	Tel (905) 693-4240
Fax (905) 338-2878	Fax (905) 631-0513	Fax (905) 338-2878

Date: _____

Client Contact Information

The person's name: _____ Date of Birth_____
First Middle Last (dd/mm/yyyy)

Address: _____ City: _____ Postal Code: _____

Home Phone: (____) _____ OK to leave a message? ❒ Yes ❒ No ❒ Unsure

HIN: _____ Version Code: _____ Expiry Date: _____
(dd/mm/yyyy)

Referral Source Information

Referral Source: ❒ Self ❒ Family Member ❒ GP ❒ Psychiatrist ❒ Other: _____
❒ School ❒ ED Crisis Team ❒ Inpatient Unit ❒ COAST

Name: _____ Organization: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ Fax: (____) _____

Family Physician Information

Does the person have a family physician? ❒ Yes ❒ No ❒ Same as Referral Source

Physician Name: _____ Physician's Billing Number:_____

Physician Phone: (____) _____ Physician Fax: (____) _____

1) Is the person experiencing any of the following symptoms of psychosis? (Check all that apply)

❒ Hallucinations ❒ Delusions ❒ Confused thinking ❒ Mood changes ❒ Cognitive changes
❒ Behavior changes ❒ Changes in eating or sleeping patterns ❒ Paranoia

Please describe the psychosis.

_____
_____
_____
_____

2) How long has the person received antipsychotic treatment for psychosis?
❒none ❒ 0-6 months ❒ 6 months + ❒ Unknown/Client declined to answer

3) Has the client had previous hospitalizations or treatment?
❒ Yes ❒ No ❒ Unknown/Client declined to answer
If Yes, Please specify: _____

4) Where does the person live?
❒ Burlington ❒ Oakville ❒ Milton ❒ Georgetown ❒ Acton ❒ Other:
_____

5) Reason for request of service (Check all that apply):

❒ Assessment ❒ Diagnosis ❒ Treatment & Recovery Support ❒ Extended Consultation ❒ Other
_____

6) Does the person experience suicidal ideation?
❒ Yes ❒ No ❒ Unknown/Client declined to answer

7) Does the person experience homicidal ideation?
❒ Yes ❒ No ❒ Unknown/Client declined to answer

8) Does the person experience aggression/violent tendencies?
❒ Yes ❒ No ❒ Unknown/Client declined to answer

9) Is there any court or legal involvement? (Charges, convictions, probation)
❒ Yes ❒ No ❒ Unknown/Client declined to answer

10) Is there any child welfare involvement/concerns?
❒ Yes ❒ No ❒ Unknown/Client declined to answer

11) Do you have concerns about the person's use of any substances?
❒ Yes ❒ No ❒ Unknown
If Yes, Please specify:_____

12) Does the person have a developmental disability (e.g. Down Syndrome, Autism) or intellectual deficits?
❒ Yes ❒ No ❒ Unknown/Client declined to answer
If Yes, Please specify: _____

13) Does the person have an organic brain disorder or acquired brain injury?
❒ Yes ❒ No ❒ Unknown/Client declined to answer

14) Does the person have a primary diagnosis of a personality disorder? (e.g. Borderline Personality Disorder, Antisocial Personality Disorder, Dependent Personality Disorder, etc.)
❒ Yes ❒ No ❒ Unknown/Client declined to answer
If Yes, Please specify: _____

15) Please list current medications, dose, and start date (year). Samples given? ❒ Yes ❒ No

16) Any other relevant information