

Shared Care Consultation Service Application Form

Dear Shared Mental Health Care Physician—please read carefully before you start filling out this form. Is the Shared Care Model the consultation service you are looking for?

The Shared Care Model

The Shared Care program is a multi-disciplinary care model that partners shared care consultants (mental health care consultants and psychiatrists) with the family physician, with shared goals of enhancing the family physician's skills and confidence in providing mental health care to their patients.



SMHC consultation services include assessment, intervention, and educational activities, which occur during regular appointments attended by the family physician, shared care consultant, and the patient(s).

The consultation appointments typically last one hour for each patient in order to address patient needs and, importantly, to allow opportunity for *feedback and discussion* regarding the family physician's specific learning and care objectives. Consultation services can also occur without patients in the form of discussions about assessment, treatment, and referral topics.



Activities Include:

- Face to face consultation with physician, patient and shared care consultant in the room.
- Case review and consultation between shared care consultant and physician.
- Educational opportunities specifically focused around learning goals.
- Telephone consultation.
- Co-facilitating group therapy.

Family physician and consultants will meet twice a year to identify and review physician learning objectives.

SHARED MENTAL HEALTH CARE PROGRAM

Sheldon M. Chumir 1213 – 4th Street SW
Calgary, Alberta T2R 0X7
Tel: 403-955-6832 Fax: 403-955-6835

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Patient Selection Criteria for Shared Care Sessions

1. Patients who have multiple problem lists per doctor's visit and multiple phone calls or messages.
2. Patients with substantial medical non-adherence.
3. Patients with complex family issues affecting treatment.
4. Patients discharged from psychiatric admissions; to identify missed transition issues and clarify family doctor's role.
5. Patients complaining of high stress burden and stress related symptoms.
6. Patients experiencing recent death losses, separation or divorce, employment loss, or other significant losses.
7. Patients engaging in high-risk, harmful behaviors including drug and alcohol abuse.
8. Patients reporting ongoing parenting problems.
9. Patients reporting depressive symptoms interfering with functioning including suicidal ideation.
10. Patients reporting anxiety symptoms interfering with functioning.
11. Patients recently diagnosed with critical and/or life-threatening illnesses that you feel may need further assessment regarding how they're coping; or who are lacking social supports.
12. Patients whom you feel are negatively impacting you such as increasing your frustration, draining your energy, etc., or situations where you feel your relationship with the patient needs help.
13. Patients whom you are placing on medical leave from work and for whom you wish your consultant to discuss a plan for return to work that involves addressing mental health issues.
14. Patients with significant amount of somaticizing or fatigue, for whom you cannot find a medical biological cause.
15. Patients who would benefit from a short-term psychoeducational therapy group for treating anxiety.
16. Check with your mental health clinician for specializations that s/he has developed that could apply to your patients, for example, geriatrics, family and couple therapy etc.
17. Groups of patients in your practice who would benefit from a jointly run group with you and your consultant in the areas of anxiety, sleep disturbance or chronic and persistent mood disorder.



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REQUESTED INFORMATION

Please do not provide any patient confidential information in this form

Thank you

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Section A— Physician Contact Information

Physician's name: _____

Clinic Name _____

Clinic Phone: _____ Cell Phone: _____ Fax: _____

Email address: _____

Section B— Physician Information

1. What are your areas of interest in mental health and counselling? i.e. What you would like to learn during your work with Shared Care consultants?

2. What have you noticed are the most frequently occurring mental health concerns (broadly defined) of patients in your practice?

3. What you would like to learn during your work with the SMHC Psychiatrist?

4. Shared Mental Health Care Consultants are available to work with physicians in their practices 2 to 6 hours per month and psychiatrists 1 to 2 hours every 6 week cycle. How much time would you like to dedicate to your work with Shared Care?

_____ # of hours per month with the Shared Care Consultant Which Day of the month _____

_____ # of hours per every 6 week cycle with the Psychiatrist Which Day of the month _____

5. Please list any current mental health services, resources or staff in your clinic:

Section C—Physician signature

Physician Signature: _____

Date: _____



Mail or fax this completed form to: **Shared Mental Health Care Program** Fax: **403-955-6835**
(Page 3 ONLY) **Attention: Ms. Sabrina Floccari**
#6269, 1213 4 Street SW