Health PEI Santé Î.-P.-É.

Health PEI Mental Health and Addictions

Out of Province (OOP) Treatment Request for Consideration

Client Name:	**PHN:**
Requesting Most Responsible Practitioner:	Date:

Current treatment provider(s):	**Phone #:**

This form must be completed in full.

1. Involvement with service in the past year (mark all that apply):

Service	
Inpatient Acute Mental Health Care	☐
Mental Health Intensive Day Program (MHIDP)	☐
Inpatient Withdrawal Management Unit	☐
Outpatient Withdrawal Management	☐
Opioid Replacement Treatment Program (ORTP)	☐
Addictions Extended Care – Lacey/Talbot/St. Eleanor's	☐
Structured Program	☐
Transition Unit	☐
Addictions Intensive Day Program (AIDP)	☐
Outpatient Addiction Counselling	☐
Community Mental Health	☐
Strength Program (Youth aged 15-24)	☐
Insight Program (Youth aged 13-18)	☐
Other (i.e. PEI private services, Lennon House, REACH Foundation)	☐
Out of Province Service	☐

2. Reason for the need for specialized services Out of Province:

☐ Client has exhausted all internal provincial resources
☐ Specialized service is not available on PEI
☐ Other, specify:

3. Describe the primary concern:

4. Describe *the client's* motivation for full participation in the OOP program and commitment to pursue continuing care on return to PEI:

5. Specifically, what do you expect *the client* to gain from OOP treatment?

6. Is there a follow-up plan for the client when they return to PEI?

7. Name of Facility where the OOP services are requested (if known):

8. Is there anything else you wish to add?

Signature: _____
Requesting Most Responsible Practitioner

Send to:
Arlene Powers
Health PEI Out of Province Coordinator
Email: arpowers@ihis.org
Fax: 902-569-0581

Office Use Only

Outcome: ☐ Approved ☐ Denied

Staff Initials: _____ **Date: _____**