

**Health PEI Mental Health and Addictions  
Out of Province (OOP) Treatment Request for Consideration**

<b>Client Name:</b>	<b>PHN:</b>
<b>Requesting Most Responsible Practitioner:</b>	<b>Date:</b>

<b>Current treatment provider(s):</b>	<b>Phone #:</b>
---------------------------------------	-----------------

***This form must be completed in full.***

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

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

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](mailto:arpowers@ihis.org)  
Fax: 902-569-0581

**Office Use Only**

Outcome:       Approved       Denied

**Staff Initials:** \_\_\_\_\_      **Date:** \_\_\_\_\_