

COURT ORDERED ASSESSMENT REFERRAL*
FORENSIC PSYCHIATRIC SERVICES COMMISSION

Please complete all applicable fields

*This form is not intended for Community Corrections referrals

I. PERSONAL INFORMATION

Name: _____ <small>(Last) (First) (Middle)</small>			Mailing Address (with postal code)		
Aliases: _____				Phone: _____	
				Cell/Alt: _____	
<input type="checkbox"/> M	Marital Status: _____	Language: _____ <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Hearing Impaired	Date of Birth: (yyyy/mm/dd) _____	FPS #: _____	
<input type="checkbox"/> F				CS #: _____	
<input type="checkbox"/> Other:					

ALERTS: *i.e. carries weapons, issues with other ethnicities, gender concerns, medical concerns, bed bugs, etc.*

II. LEGAL STATUS INFORMATION

Court Location:	Next Court Date:	Stage of Court Proceedings:
Court File Number(s):	Current Charges / Convictions:	Sections of CC:
<input type="checkbox"/> Supreme Court	Crown Counsel:	Ph: _____
<input type="checkbox"/> Provincial Court	Defence Counsel:	Ph: _____
Court Assessment Due Date:		

III. REFERRAL FOR *(please select only one)*

<input type="checkbox"/> Fitness – 672.11 CCC (Form 48 Required)	<input type="checkbox"/> Ordered: PRE-SENTENCE REPORT with Forensic Psychiatric / Psychological Assessment 721(4) and 723(3) CCC
OR ¹	OR
<input type="checkbox"/> NCRMMD – 672.11 CCC (Form 48 Required) ¹ <i>if Fitness Assessment Ordered, NCRMMD Assessment cannot be ordered concurrently</i>	<input type="checkbox"/> Requested: PRE-SENTENCE REPORT Forensic Psychiatric/ Psychological Assessment
<input type="checkbox"/> Overnight Assessment – 516 CCC (Lower Mainland only)	

IV. ASSESSMENT LOCATION

<input type="checkbox"/> In Custody <input type="checkbox"/> Forensic Psychiatric Hospital 70 Colony Farm Rd, Port Coquitlam V3C 5X9 604.524.7700 / Admitting: 604.524.7716 604.523.7896 (fax) <input type="checkbox"/> Correctional Facility: _____	<input type="checkbox"/> Out of Custody – Regional Forensic Clinics <input type="checkbox"/> Kamloops 5-1315 Summit Dr, Kamloops, V2C 5R9 f: 250.377.2688 p: 250.377.2660 <input type="checkbox"/> Nanaimo 101-190 Wallace St, Nanaimo, V9R 5B1 f: 250.739.5001 p: 250.739.5000 <input type="checkbox"/> Prince George 2 nd Fl, 1584-7 Ave, Prince George, V2L 3P4 f: 250.561.8075 p: 250.561.8060 <input type="checkbox"/> Surrey 10022 King George Blvd, Surrey, V3T 2W4 f: 604.529.3333 p: 604.529.3300 <input type="checkbox"/> Vancouver 300-307 W. Broadway, Vancouver, V5Y 1P8 f: 604.529.3386 p: 604.529.3350 <input type="checkbox"/> Victoria 2840 Nanaimo St, Victoria, V8T 4W9 f: 250.213.4532 p: 250.213.4500 <input type="checkbox"/> Client has been instructed to contact Community Corrections for further instructions on Assessment process / contacting FPSC for appointment
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V. REASON FOR REFERRAL

PLEASE SPECIFY REASONS FOR REFERRAL TO ENSURE A TIMELY ASSESSMENT.

If the referral is for a psychological/psychiatric PSR, please be as specific as possible when outlining the issues the Court would like to have considered.

What is the essential referral question?

VI. DOCUMENTS REQUIRED:

	<u>Enclosed</u>	<u>Not Available</u>
1. Court Order	<input type="checkbox"/>	<input type="checkbox"/>
2. Report to Crown Counsel, Police Reports, Witness/Accused Statements, Information, Record of Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
3. Available collateral information including Probation Pre-Sentence Reports, social history, etc.	<input type="checkbox"/>	<input type="checkbox"/>
4. Corrections history / CPIC summary	<input type="checkbox"/>	<input type="checkbox"/>
5. Previous medical / psychiatric reports or assessments	<input type="checkbox"/>	<input type="checkbox"/>
6. CORNET Order Details Report	<input type="checkbox"/>	<input type="checkbox"/>
7. Agreed Statement of Facts (<i>required if assessing for NCRMD</i>)	<input type="checkbox"/>	<input type="checkbox"/>

VII. REFERRAL SOURCE

Name:	Service/Agency Name:
Position:	Phone Number:
Address:	
Referral Source Signature	Date of Referral

FOR FORENSIC OFFICE USE ONLY (do not write in this space)

Assigned:	Date:
Action taken:	
Remarks:	