

# Lucina Psychiatry - Referral Form

Dr. Christina Frizzo, MD FRCPC — Psychiatrist

## Services

Patients will be seen for a one-time consultation by a psychiatrist.

Patients may be offered group follow-up appointments on a periodic basis.

Patients may or may not be invited to therapy groups as part of this clinic.

All services are fully MSP covered. A no-show fee will be charged if cancellation is less than 48 hours.

For ease, "menopause" is used in this form to refer to both perimenopause and menopause.

## Ideal Candidates

Patients with active menopause symptoms experiencing:

- New onset anxiety or depression.
- Significant exacerbation of mood disorder.
- Vasomotor symptoms causing anxiety, depression, or decreased function.
- Willingness to engage in lifestyle changes and therapy recommendations as part of the treatment plan.

### Inclusion Criteria

- Has a primary care provider (family physician or nurse practitioner).
- Age 40–64.
- Assigned female at birth.
- **STRAW +10 Stages -2 to +1c.**
- MSP coverage.

### Exclusion Criteria

- Active psychosis, mania, or acute suicidality.
- Severe active substance use disorder.
- Severe personality disorder.

## Patient Checklist — Please Confirm Patient:

- Is aware of and agrees to this referral.
- Consents to receiving emails from this clinic.
- Is able to manage a virtual platform.
- Is aware they must be in British Columbia at the time of the appointment.
- Is able to complete the JaneApp intake form when sent.
- Is aware that a no-show fee will be charged if cancellation is less than 48 hours.

### Emergency Care

This clinic does not provide 24/7 or emergency care. If a patient experiences an urgent or emergent concern, they should contact their primary care provider or seek appropriate emergency services.

## Communication and Care:

Collaborative care is the cornerstone of menopause care.

- Dr. Frizzo may call the referring or primary care provider to discuss this patient's care. Please indicate on the referral form if you would like to request a phone call.
- Dr. Frizzo will not prescribe menopausal hormone therapy (MHT). Dr. Frizzo may recommend or prescribe psychiatric medications, and this will be clearly communicated in the consultation.
- The consultation will be faxed to referring and primary care providers.

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## Patient Information

Legal name:			
Date of birth (DD/MM/YYYY):		PHN:	
Address:			
Email:		Phone:	

## Reason for Referral

Please describe the patient's symptoms of concern:

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## Referring Physician / Nurse Practitioner Information

Name:			
Area of Practice:		MSP #:	
Phone:		Fax:	
<b>Patients residing outside the Greater Vancouver area.</b> <i>By signing this form, the referring provider confirms they will continue to provide local, in-person care in accordance with the CPSBC practice standard for virtual care requiring "formal affiliation with in-person providers where the patient resides."</i>			
Referring MD/NP signature:	Date of referral (DD/MM/YYYY):		

If primary care provider is different from referral source, please include:

Primary care provider name:			
Phone:		Fax:	

Please fax this form and any relevant consultations to: 604-914-3019