Uᓕ ᑲᑲᑭᓄᓱᐧᐁ ᐊᓄᑭᑕᒪᑫᐧᐃᓐ ᑲᑭᐅᒋᐸᑭᑎᓂᑲᒐ
Tele-Mental Health Services, provided by

SickKids CPRI CHILD & PARENT RESOURCE INSTITUTE CHEO

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX
ADDRESS	

IMPRINT OR ENTER DETAILS BY HAND

ᒋᑭᕿᓐᑕᒪᓐ ᐁᑐᒋᐅᒃ ᒪᓯᓇᐅᓯᒋᑲᓂᒃ ᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᒃ

Info about your video meeting

ᐧᐁᑯᓐ ᐅᓐᒋᐱᕋᔭᓐ ᐅᐅᒪ? Why am I here today?

ᐊᐱ ᑭᙵᑦᑲ ᑲᑲᑭᓄᓂᑯᔭᓐ, ᑲᐊᓄᑲᐧᐃᒃ ᕿᒪ ᒪᙵᑭᑭᐧᐃᓂ ᑭᑭᑲᐧᕿᐧᑕᒪᒃ ᒪᓯᓇᐅᓯᒋᑲᓂᒃ ᒋᐅᒋ ᒪᐧᐊᐸᒥᒃ ᐊᐱᓄᒋᙵ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᑭᒋᒪᙵᑭᑭᐧᐃᓂ ᕿᒪ ᑯᑕᒃ ᒪᒥᑐᐅᒋᑲᓇᐱᐅᐧᐃ ᐧᐃᑐᑲᕿᐧᐃᓐ ᑲᐸᒥᓇᒃ ᒋᐅᒋᐧᐃᒋᐃᑯᔭᓐ.

ᐧᐁᐅᓐ ᐊᐱᓄᒋᙵ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᑭᒋᒪᙵᑭᑭᐧᐃᓂ ᑲᐃᓇᑲᓂᐧᐃᒡ? What is a child psychiatrist?

ᐧᐊᐊ ᑭᒋᒪᙵᑭᑭᐧᐃᓂ ᐃᓇᓄᑭ ᐁᑲᕿᐧᐊᐧᐃᑐᑲᐧᐊᒡ ᐊᐱᓄᒋᕋᐃ ᑲᐊ ᑲᐅᒋᑎᐯᑕᑯᓯᒡ ᐁᑲᑲᓄᓇᒡ ᑲᐊᐃᐅᑕᒧᐧᐊᒡ, ᐅᒥᑯᙵᑲᒐᑕᒧᐧᐃᓂᐧᐊ ᑲᐊ ᐅᑎᓇᑎᓯᐧᐃᓂᐧᐊ.

ᐊᓂᓐ ᒪᓯᓇᐅᓯᒋᑲᓂᒃ ᑲᐅᒋᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᒃ ᐁᓇᓄᑭᒪᑲᒃ? How does a video meeting work?

ᒪᓯᓇᐅᓯᒋᑲᓂᒃ ᑲᐅᒋᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᒃ ᑭᑐᒋ ᐧᐊᐸᒪ ᒋᑲᑲᓄᓇᒡ ᒪᓯᓇᐅᓯᒋᑲᓂᒃ, ᐃᐃᒪ ᐅᓐᒋ ᐊᓄᑭᒪᑲᓐ ᒪᒪᑲᑕᐱᑯ ᑭᑭᑐᐧᐃ ᐊᐸᒋᑕᑲᓂᒃ. ᑲᐧᐃᓐ ᑲᐊ ᑯᑕᑭᔭᒃ ᐸᑲᓐ ᐊᐧᐃᔭᒃ ᐅᑲᓄᑕᓯᓇᐧᐊ ᐅᐅᒪ ᑲᐅᒋᑲᑲᓄᓂᑎᓇᓂᐧᐊᒃ.

ᐊᓂᓐ ᒥᓂᑯᒃ ᐁᐱᒥ ᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᒃ? How long will it last?

ᐯᓱᑯᑎᐸᐃᑲᓐ ᐊᑯᓇᓐ ᓂᕈᑎᐸᐃᑲᓐ ᒥᓂᑯᒃ ᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᓐ.

ᐧᐁᐅᓐ ᕿᐧᐃᑕᐱᒥᓱᒃ ᒪᐧᐊᒋᐃᑎᐧᐃᓂᒃ? Who will be in the room with me?

ᑲᐊᓄᑲᓂᒃ ᕿᒪ ᒪᙵᑭᑭᐧᐃᓂ ᑲᐧᐃᑕᐱᒥᒃ, ᕿᒋᓇᒡ ᒋᓇᐁᓐᑕᒪᓐ ᑲᐊ ᐧᐁᐧᐁᓂ ᐊᐧᐃᔭᒃ ᒋᓱᐧᐁᐱᓯᐧᐊᒡ. ᑕᑯ ᑲᐊ ᑭᓂᑭᐃᑯᒃ, ᑲᑲᓇᐧᐁᓂᒥᐧᑲ ᑲᐊ ᑯᑕᑭᔭᒃ ᑲᐊᓄᑲᓂᐧᑲ ᒪᑭᐧᕿ ᑲᐱᐧᐃᑕᐱᒥᑯᒃ, ᐊᔭᑲᐧᐁ ᐱᑯ. ᐧᐊᐊ ᑲᐊ ᑭᒋᒪᙵᑭᑭᐧᐃᓂ ᕿᐧᐊᐸᒪᒡ ᒪᓯᓇᐅᓯᒋᑲᓂᒃ ᐅᑲᐧᐃᑕᐱᒥᑯᓐ ᑲᑭᑭᓄᐊᒪᐧᐃᐧᑕ ᒪᙵᑭᑭᐧᐃᓂᓂᐧᐊᒃ.

ᐊᓂᓐ ᕿᑐᒋᑲᒃ ᒣᑲ ᑭᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᒃ? What will happen during the meeting?

ᒪᑭᐧᕿ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᒪᙵᑭᑭᐧᐃᓂ ᐅᑲᐧᐃᑲᑲᓄᓇᓐ ᑲᑭᓇ ᐊᐧᐃᔭᓐ. ᑕᐸᑎᓇᑐᓐ ᕿᑯᓇᓐ ᕿᑲᑲᐧᕿᒋᐧᑯᒃ ᒋᐅᒋ ᑭᕿᓂᒥᒃ ᑲᐊ ᑭᑎᓱᔅᐧᐃᓇᓐ. ᐊᐱ ᑭᐃᙵᑲ ᐃᓱᒋᕿᔭ ᐅᑲᓂᐧᐊᐧᐃᓐᑕᓇᓐ ᑲᐃᐅᑕᒃ ᐊᓂᓐ ᕿᑭᐊᓂᓱᐱᒥᐧᐃᑐᑲᑯᔭᓐ. ᑭᓂᑯ, ᑕᑯ ᑲᐊ ᑲᐧᐃᒋᑕᒥᐧᑲ, ᑲᐊᓄᑲᓂᒃ, ᑲᐊ ᒪᙵᑭᑭᐧᐃᓂ, ᐊᓂᓐ ᕿᑭᐃᓱᐧᐊᐧᐁᐅᑕᒪᒃ ᑲᑭᐃᑭᑐᒡ ᒋᒥᒪᙵᑭᑭᐧᐃᓂ. ᑭᙵᐱᓐ ᑲᐊ ᐃᑭᑐᒡ ᒪᙵᑭᑭ ᒋᒥᓂᑯᔭᓐ, ᑭᒪᙵᑭᑭᐧᐃᓂᓂᒡ ᑲᒥᓂᒃ.

ᐊᓂᓐ ᕿᑐᒋᑲᒐᒃ ᐊᐱ ᐃᙵᑲ ᒪᐧᐊᒋᐃᑎᓇᓂᐧᐊᒃ? What happens after the meeting?

ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᒪᙵᑭᑭᐧᐃᓂ ᐅᑲᐅᓱᑐᓐ ᐅᑎᐸᒋᒧᐧᐃᓐ ᒋᓱᓂᕋᐊᒪᐧᐊᒡ ᑲᐊᓄᑲᓂᒃ ᕿᒪ ᑲᐊ ᒪᙵᑭᑭᐧᐃᓂᓂᐧᐊᓐ. ᑭᙵᐱᓐ ᐊᑕᐧᐁᑕᒪᓐ ᑯᑕᒃ ᒋᓱᓂᕋᐊᒪᐧᐊᑲᓂᐧᐃᒡ, ᑭᓐ ᕿᒪ ᑭᓂᑭᐃᑯᒃ ᕿᒪ ᑲᑲᓇᐧᐁᓂᒥᒃ ᑲᐅᓱᐱᐅᑎᓯᒡ ᒋᑐᒋᑲᒐᒃ. ᑭᙵᐱᓐ ᐃᑭᑐᒡ ᐊᐧᐃᔭ ᒋᐅᒋ ᐃᐅᑕᒃ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᒪᙵᑭᑭᐧᐃᓂ ᕿᑯᓐ ᒋᑐᑕᓯᔭᓐ ᕿᒪ ᐊᐧᐃᔭ ᒋᐧᐊᓂᑐᑕᐧᐊᒡ, ᕿᒪ ᓇᓂᓴᓂᓯᔭᓐ ᒋᑯᑕᑭᐃᑯᔭᓐ ᕿᒪ ᒋᐧᐊᓂᑐᑕᑯᔭᓐ, ᒥᑕᙵ ᕿᑐᑕᒃ ᒋᐅᒋ ᐧᐃᑕᓄᑭᒪᒡ ᑲᐅᒋᐊᓄᑲᓂᒃ ᕿᒪ ᑭᒪᙵᑭᑭᐧᐃᓂᓂᒡ ᑲᑭᓇ ᐊᐧᐃᔭ ᐧᐁᐧᐁᓂ ᒋᓱᔅᒡ.

ᒥᓇᐧᐊ ᓇ ᓂᑲᐧᐊᐸᒥᒃ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᒪᙵᑭᑭᐧᐃᓂ? Will I see the psychiatrist again?

ᒪᑭᐧᕿ ᐯᓱᐧᑲ ᐁᑕᑯ ᑲᐧᐊᐸᒪ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᒪᙵᑭᑭᐧᐃᓂ ᑲᐊ ᑲᐧᐃᓐ ᐧᐃᓐ ᐃᐧᓇᓯᓯᓐ ᒋᐅᒪᙵᑭᑭᐧᐃᓂᓂᒥᔭᓐ. ᓂᑕᓇᑭᕿᑕᒥᓐ ᐁᙵᐧᑲᒡ ᐁᑌᐱᔭᓯᓄᒃ ᐯᓱᐧᑲ ᐁᑕ ᒋᐧᐊᐸᒪᑲᓂᐧᐃᒡ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐅᐱ ᒪᙵᑭᑭᐧᐃᓂ ᑲᐊ ᑕᙵ ᑭᙵᐱᓐ ᐊᑕᐧᐁᒋᑲᑌᒃ ᒥᓇᐧᐊ ᒋᐧᐊᐸᒪᑲᓂᐧᐃᒡ, ᑲᐊᓄᑲᓂᒃ ᕿᒪ ᑭᒪᙵᑭᑭᐧᐃᓂᓂᒡ ᐧᐃᓐ ᐅᑲᐅᓇᑐᓐ.

ᐊᓂᓐ ᑕᙵ ᑭᙵᐱᓐ ᕿᔭᐱ ᕿᑯᓇᓐ ᐧᐃᑲᐧᕿᐧᑌᔭᓐ? What if I have other questions?

ᓂᐸᑯᔭᑕᒥᓐ ᒋᕐᕿᓂᒧᓯᐧᐊᓐ ᒪᓯᓇᐅᓯᒋᑲᓂᒃ ᒋᐅᒋᑲᑲᓄᓇᒡ ᓇᓇᑲᑕᐧᐁᑕᒧᐧᐊᐱᐅ ᒪᙵᑭᑭᐧᐃᓂ. ᑭᙵᐱᓐ ᕿᑯᓐ ᐧᐃᑲᐧᕿᐧᑌᔭᓐ ᕿᒪ ᒥᑯᙵᑲᑌᑕᒪᓐ, ᐧᐃᓐᑕᒪᐧ ᐊᓄᑲᓂᒃ ᕿᒪ ᒪᙵᑭᑭᐧᐃᓂᓂᐧᐊᒃ. ᑭᙵᐱᓐ ᑭᕿᓐᑕᒪᓐ ᐊᓂᓐ ᕿᐃᑭᒪᐃᔭᐧᐊᕿᑕᒪᓐ ᒣᑲ ᒪᐧᐊᒋᐃᑎᔭᓐ, ᓂᑕᒥᐧᑐᑕᒥᓐ ᒋᑭᐧᐃᑕᒪᐸᓐ.

ᐅᑭᐱᐊᓐ ᑭᐧᐃᓱᐧᐃᓐ Print name | ᐅᑭᐱᐅᑎᓱᐧᐃᓐ Signature | ᐁᓇᑭᓯᒡ (YYYY-MM-DD) | ᑎᐸᐃᑲᓐ

*ᑲᒧᙵᑭᑐᐱᐃᕿᑕᒪᕿᒡ ᐁᑕ *For referring agency record only