

Adolescent Psychiatry referral instructions

Basic information:

- Telephone number and contact details of the referring physician.
- Assessment of urgency, classifications: < 7 days, < 21 days and > 21 days. Based on the referral, the receiving party will reassess the urgency of the referral treatment.
- Name and personal identity number of the adolescent.
- Up-to-date contact information for the adolescent and guardians and, if necessary, their network (please check the address and telephone number!)
- Reason for referral: matter at hand, request (consultation, examination, treatment), working diagnosis.

Preliminary information:

- name the patient is known by, age, diagnosed illnesses, medications
- native language of the adolescent and guardian, need for an interpreter
- family composition, description of the family situation (rights to information in custody disputes), living arrangements of the adolescent
- any mental health disorders and illnesses in the family
- educational institution and grade, current support measures at school
- contacts with Child Welfare, name and contact details of the child welfare worker
- has the parent/guardian been informed about the referral and what is their attitude to the situation?

Psychiatric disorder, symptoms and functional ability:

- current problems and/or symptoms and the issues they cause, when they started, their duration (particularly psychotic symptoms, suicidal thoughts and behaviour – including in the past, violent behaviour)
- functional ability (school, hygiene, meals, daily rhythm/sleep)
- friendships and romantic relationships, hobbies, changes
- use of substances
- the adolescent's attitude towards the referral and their need for treatment.

Previous examinations or treatments and their outcomes:

- previous psychological symptoms, their treatment and details of previous treatment contacts
- statements on psychological examinations carried out (for learning difficulties, these are to be issued at school before the referral is submitted), other background documents used.

Current situation:

- description of observations on the adolescent during appointments
- current somatic state (cardiovascular state, weight, height, neurological state if hallucinations are occurring), laboratory tests (basic blood count [PVK], Na, K, Crea, cholesterol and glucose, ALAT, TSH, T4V, ECG and, if necessary, a urine drug test [U-Huume-O]).

Need for Child Welfare:

- Where the adolescent is in need of Child Welfare's services, the referring party must submit a [child welfare notification](#) and the notification must be mentioned in the referral.

Additional notes and special instructions specific to individual groups of disorders:

- **Individuals with eating disorder symptoms:** pulse and blood pressure, fluid balance, height and weight, and growth curves.
- **ADHD:** the diagnosis and treatment of ADHD with no other complications in young people (including starting treatment with stimulant medications), is carried out in accordance with [Käypä hoito, the Current Care guidelines](#) in primary health care, if necessary with the support of specialised medical care consultations. If severe simultaneous symptoms are present, a differential diagnostic assessment and a treatment and rehabilitation plan will be prepared in specialised medical care. For

ADHD screening, the [ADHD-RS form](#) in the Käypä hoito (Current Care) guidelines, for example, may be used. The referral should be appended with the results of a cognitive level examination if the adolescent also has learning difficulties or they are suspected, as well as details of any cardiovascular diseases in the immediate family. It is also important to note that many patients with ADHD simultaneously have learning difficulties, or vice versa.

- **Autism spectrum:** the results of a cognitive level test should be appended to the referral if there are learning difficulties or it is suspected that the adolescent may have them.
- **Victims of sexual violence:** for victims of sexual violence that occurred recently, please contact [Tyks's Seri Support Centre](#).
- **Gender dysphoria:** Examinations and treatment of patients with gender dysphoria in Finland are centralised at Helsinki University Central Hospital ([referral instructions](#)) and Tampere University Hospital. ([referral instructions](#)). If the patient is not suspected to have any simultaneous mental health disorders requiring treatment, the referral may be made directly to the aforementioned units and there is no need for the patient to be directed to Adolescent Psychiatry at Tyks.