## **Thompson LAT**

## **Child Youth Mental Health and Substance Use Collaborative**

## **Feedback on CYMH Feedback Form - Physicians**

**The CYMH local team have developed a brief feedback/communication form (shown right) to communicate with other clinicians that have common clients.**

**This feedback form is only on high risk clients that are more complex cases, suicidal or on multiple meds and not on every patient that they are providing services to.**

**The reports are designed to improve communications with all clinicians involved in the patient’s care.**

As a Physician, you may have received this form from CYMH about a patient of yours with complex needs. We’d like your feedback as to how helpful this communication tool is for you so we can improve our processes.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you received this CYMH Feedback Form from a CYMH Clinician? |  |  |
| Has the form improved communication and information flow between you and CYMH? |  |  |
| Has the form improved the quality of care provided to children, youth and families? |  |  |
| Has the form prompted you to connect with CYHM Clinicians about your more complex cases? |  |  |
| Please share any further comments on successes or challenges: | | |

Please return your completed form to Dr. Shirley Sze, [wmsze@telus.net](mailto:wmsze@telus.net)