



## Psychology & Counselling Referral Form

### Contact Information

#### Calgary South:

**A:** 103 - 11500 29 St. SE, Calgary, AB T2Z 3W9  
**P:** (587) 350-8843  
**F:** (587) 430-0459

#### Calgary North:

**A:** 340, 600 Crowfoot Cres NW, Calgary AB  
T3C 0B4  
**P:** (587) 442-4321  
**F:** (587) 430-0459

**Choose from the following:**

#### Option 1

### Attach Patient Label

**Option 2 - Leave blank if above complete**

#### **Urgency:**

- Routine  
 Urgent (Please provide reason under "Additional Information\*")

#### **Patient Information:**

Patient Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
DOB: \_\_\_\_\_ PHN \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### **Physician Information:**

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
PractiseID \_\_\_\_\_ Facility Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### **Individual Counselling**

- Individual Counselling  
 Men's Counselling  
 Women's Counselling  
 Sex Therapy  
 Faith-Based Counselling  
 LGBTQIA+ Counselling  
 Anger Management

#### **Couples Counselling**

- Couples & Marriage Counselling  
 Pre-Marriage Counselling

#### **Assessments**

- Adult ADHD Assessment  
 Child ADHD Assessment  
 Learning & Cognitive Assessment

#### **Additional Information & Concerns:**