

PHYSICIAN REFERRAL FORM

Name _____ Date _____
 Sex M F
 DOB (yyyy/Mon-dd) _____ Personal Health Number _____
 Street Address _____
 City _____ Province _____ Postal Code _____
 Phone _____

Contact Person _____ Relationship to patient /agency _____
 Phone _____ Cell _____
 Address _____
 Guardian _____ Phone/Cell _____
 Address _____

Criteria for Referral *(Please ensure client meets ALL the follow criteria prior to referring.)*

Full Scale IQ below 70 before age 18 Behavioural or mental health concern
 Patient 16 years or older Complete physical in past year

Presenting Problem

Past Medical History

Medications

Is this individual currently receiving Psychiatric Service? No Yes
 If yes, current psychiatrist's name _____ Date last seen _____

Referring Physician _____ PRACID # _____
 Address _____
 Phone _____ Fax _____

Who We Serve - Referral Criteria

Clients must meet ALL of the following criteria in order to be seen at Arnika Centre

- 16 years and older
- Mental Health or Behavioural concern
- Full Scale IQ of 70 or below prior to age 18
- Family doctor referral (if specialist referring; letter from the family doctor must accompany referral)
- Full physical in past year

How do I access service?

- Step 1 A written referral is needed from the family doctor.
If a specialist is referring, a letter from the family doctor must accompany the referral indicating their support.
- Step 2 When the referral is accepted, then notification is sent to the referring physician and the caregiver/client indicating the approximate wait time.
An intake package will be sent to the caregiver or client to be completed.
- Step 3 Once the intake package is returned to the Arnika Centre, the client and/or caregiver will be notified by telephone to set-up an intake appointment.

Where We Are

Arnika Centre for Developmental Disabilities Mental Health
Sunridge Retail Centre
3465 – 26 Ave NE
Calgary Alberta T1Y 6L4

Hours of Operation 9:00-4:30 pm

PHONE 403-943-8301

FAX 403-943-8364