

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