

PERSONAL INFORMATION			
Last Name	First name		
Home &/or Mailing Address	Present Location		
Phone Number	If Inpatient - Date of Admission		
Date of Birth ____/____/____ <small>YY MM DD</small>	Gender <input type="radio"/> Male <input type="radio"/> Female	Provincial Health Care # <i>If out of Alberta, please specify province:</i>	
FORMAL STATUS			
<input type="radio"/> No <input type="radio"/> Yes Certificates in effect until: _____		Guardian	<input type="radio"/> Yes <input type="radio"/> No
Form 11: <input type="radio"/> Yes <input type="radio"/> No		Trustee	<input type="radio"/> Yes <input type="radio"/> No
REFERRAL SOURCE INFORMATION			
Name of Facility/Clinic/Agency		Address	
Contact Person		Discipline	
Telephone Number		Fax Number	
Attending Psychiatrist		Attending Physician	
CHECKLIST FOR CONSULTATION			
Substance Abuse	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Aggressive Behavior	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Legal Issues	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Financial Concerns	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Housing Needs	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Medical Needs	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Other	<input type="radio"/> Yes	<input type="radio"/> No	Please list and provide history:
Transportation Arrangement/Needs	<input type="radio"/> Yes	<input type="radio"/> No	Please explain:
DSM-IV DIAGNOSIS			
Axis I	_____		
Axis II	_____		
Axis III	_____		
Axis IV	_____		
Axis V	_____		
REQUIRED DOCUMENTATION			
<i>In order to process the application form, these attachments must be faxed to 403.625.3051:</i> <ul style="list-style-type: none"> <input type="radio"/> Referral letter from psychiatrist <input type="radio"/> Psychiatric assessments, current and historical <input type="radio"/> Current medical history and current treatments <input type="radio"/> Current medication list <input type="radio"/> Progress notes for the last 7 days 			