FAX PATIENT REFERRAL TO:
REFERRAL MANAGEMENT SERVICES
FAX: 1-855-355-1921
PHONE: 1-833-337-7770

ADULT PSYCHIATRY: SASKATOON

ALERT – For Emergent Referrals - contact ACAL: (306) 655-8008 to be connected to ER Call Psychiatry

PATIENT INFORMATION:	Last Name:	First Name:	
Date of Birth: DD/MMM/YYYY	Age:	Address:	
City:	Prov:	PC:	HSN:
Home Phone:	Work Phone:	Cell Phone:	
Requires Interpreter ☐ YES ☐ NO	Language:	Gender ☐ M ☐ F ☐ Other ☐ Undeclared	

REFERRING PRACTITIONER & CLINIC INFORMATION:

☐ Family Doctor
☐ Nurse Practitioner
☐ Specialist
☐ Other (Specify)_____
☐ Inpatient Referral

Name:
Address:
Phone:
Fax

REFERRAL TO:

☐ Next Available Psychiatrist ☐ Specific Dr._____

Except Dr._____

HAS THIS PATIENT SEEN A PSYCHIATRIST PREVIOUSLY? ☐ YES ☐ NO If YES, Specify Dr.:_____

☐ **ROUTINE** ☐ **URGENT (INDICATE REASON)**_____

REASON FOR REFERRAL: CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - CONSULTS, INTERVENTIONS AND REFERRAL LETTER.

☐ Mood – Anxiety Disorder
☐ Psychotic Disorder
☐ Eating Disorders
☐ Adult ADHD
☐ Acquired Brain Injury
☐ PTSD
☐ Autism Spectrum/Development Disorder
☐ Obsessive Compulsive Disorder
☐ Maternal Mental Health
☐ Addictions
☐ Other (Specify):_____

MEDICAL COMORBIDITIES:

CURRENT MEDICATIONS:	**PREVIOUSLY TRIED MEDICATIONS:**

Reason for Referral:

NOTE: Patients who would benefit from a referral to Mental Health & Addictions Services should contact (306) 655-7777 for an intake assessment. (This number is NOT an intake for Psychiatry)

POOLED REFERRAL INFORMATION: Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. Specialists who choose to pool their referrals but do not share an office may use the Referral Management Service at eHealth Saskatchewan to manage the intake of patient referrals. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience.

Physician Signature:	Date:
Redirecting Specialist: ☐ Pooled ☐ Specific Dr._____	Date: