Soul Healing Psychology

300, 259 Midpark Way SE
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Phone: (403) 988-5144
Fax: (587) 507-8757
soulhealingcalgary.com

Referral Form

Soul Healing Psychology is a private, fee-for-service clinic offering outpatient psychedelic-assisted therapy. Your patient will be assigned the earliest available clinician with expertise in the problem area, unless a preference is expressed below.

Please fax completed forms to 587-507-8757

Date of Referral: _____

Patient Information

Full Name: _____

Gender: _____ Birth Date: _____ Telephone: _____

Address: _____

Email Adress: _____

Reason for referral/presenting problem: _____

_____

_____

Relevant Past Medical History: _____

_____

_____

Past Psychiatric/ Therapy History: _____

_____

_____

Relevant Mental Health or Trauma History: _____

_____

_____

Other Specialists Involved in Care: _____

_____

List of Current Medications: _____

_____

_____

Past Psychiatric Medicine: _____

_____

_____

Height (cm):_____

Weight (kg):_____

HR:_____

BP:_____

BMI:_____

Additional Comments: _____

_____

_____

Referring Physician/Professional

Name:_____

Clinic Address: _____

PRACID #: _____

Phone Number:_____

Fax Number:_____

Signature:_____

Date:_____