



Great Heights Calm Minds
 Psychology
 GreatHeightsCalmMinds.com

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 Calgary Alberta T2H 0M2
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REFERRAL FORM

Date: _____

Referring Provider Information	
Name _____	
Clinic _____	
Phone Number _____	
Fax _____	
Patient Information	
Name _____	
Date of Birth _____	
Address _____	
Phone Number _____	
Email _____	
Occupation _____	
Referral Information	
Priority of Referral	Standard Urgent
Current Diagnosis _____	
Current Medication _____	
Treatment: DBT CBT Mindfulness Education Consultation.	
Tools/Strategy Assessment	
Patient Expectation	

Additional Information	

Reason for Referral	
Anxiety	ADHD Borderline Depression Fears (needles, flying)
Learning Concerns	Life transitions Relationships/Boundaries
Self-Esteem	Suicidal Thoughts (non-crisis only) Trauma
Financial circumstance: Insurance coverage?	
Registered Psychologist \$230/50 min	Provisional Psychologist \$180/50 min Student \$80/60 min

Please Fax or Email this form to:
 Fax: 587-900-0277
carley@greatheightscalminds.com