

JOYCE Health

Joy is a Choice

Referral Form

Referral criteria:

- We specialize in child/adolescent depression, anxiety, and ADHD
- We provide diagnostic clarification and long-term follow-up services
- We see Alberta and NWT patients only, and patients must have an Alberta or NWT Provincial Health Number (PHN)
- Patients must attend appointments together with their parent/guardian and must be located in AB or NWT during the appointment
- We do not work with cases involving psychosis, bipolar, or gender dysphoria as a primary diagnosis.
- We are not a crisis service

Contact us:

Phone - 1-825-561-1500

Fax - 1 403 521 0510

Email - joycementalhealth@gmail.com

(non-secure email, please do not send identifying patient information)

Website - www.joycehealth.ca

Referring physician information:

Name:

PRAC ID:

Phone #:

Fax #:

Referral Date:

Patient information:

Last, First Name:

PHN:

DOB:

Gender:

Phone #:

Email:

Reason for referral (please check off as many as needed):

- Anxiety
- Depression
- ADHD
- Unspecified mental health condition
- Counselling

Please provide additional comments regarding this patient and what you would like us to see this patient for: