

# JOYCE Health

Joy is a Choice

## Referral Form

### Referral criteria:

- We specialize in child/adolescent depression, anxiety, and ADHD; as well as provide diagnostic clarification and long-term follow-up services.
- We see Alberta patients only, and patients must have an Alberta Provincial Health Number (PHN)
- Patients must be physically located in AB at the time of the appointment
- We do not work with cases involving psychosis, bipolar, or gender dysphoria as a primary diagnosis.
- We are not a crisis mental health service.

### Contact us:

Phone - 1-825-561-1500

Fax - 1 403 521 0510

Email - [joycementalhealth@gmail.com](mailto:joycementalhealth@gmail.com)

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

Website - [www.joycehealth.ca](http://www.joycehealth.ca)

### Referring physician information:

Name:

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PRAC ID:

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Phone #:

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Fax #:

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Referral Date:

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### Patient information:

Last, First Name:

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PHN:

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DOB:

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Gender:

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Phone #:

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Email:

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### 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:**