BRINTNELL
PSYCHOLOGY

Your Experience. Your Pace. Your Therapist.

FAX COMPLETED FORM TO
780-898-2559
Our fax and phone share one line — this is not an error. Call the same number.

REFERRAL FORM

1. PATIENT INFORMATION

Name _____ Date of birth _____

Phone _____ Alternate phone _____ Email _____

Patient consents to contact by: ☐ Phone ☐ Text ☐ Email *Text is often the fastest way to reach someone.*

2. REASON FOR REFERRAL

☐ Anxiety
☐ ADHD / ADD assessment
☐ Perinatal & postpartum
☐ Stress & burnout
☐ Other (note below)
☐ Depression / low mood
☐ Child & youth
☐ Grief & loss
☐ Sleep concerns
☐ Trauma & PTSD
☐ Parenting & family
☐ Relationship / couples
☐ Chronic illness / pain

Relevant clinical notes _____

Third-party claim *if applicable — these sources may fund treatment directly*

☐ Motor vehicle accident (Section B) ☐ WCB ☐ Disability (STD / LTD)

Claim or policy no. _____ Adjuster / case manager _____

3. PATIENT PREFERENCES (OPTIONAL)

Language preference _____ *Multilingual clinicians available*

Other preferences or notes _____

This clinic is not a crisis service. For emergencies, direct patient to 911 or 988.

4. REFERRING PROVIDER

Please print or stamp

Name _____ PRAC ID _____ Clinic _____

Phone _____ Signature _____

☐ Fax confirmation of intake back to our office (with patient consent)

Many extended health plans require a signed provider recommendation to reimburse psychological services.

5. PATIENT CONSENT TO RELEASE INFORMATION

I consent to my referring provider sending this form, and the personal and health information it contains, to Brintnell Counselling & Psychology by fax for the purpose of arranging an appointment. I understand I may withdraw this consent at any time, and that a referral is not required for me to book an appointment on my own.

Patient / guardian signature _____ Date _____

FOR THE REFERRING OFFICE	FOR THE PATIENT
We contact the patient directly to book — no further action needed. Please ensure the patient is aware of this referral. Psychological services are not covered by Alberta Health. Most extended health plans cover them; direct billing available. Ages 6+. Intake contact within 2 business days.	A referral is not required to book an appointment, though some benefit plans request one for reimbursement. Call 780-898-2559 or book at brintnellpsychology.com In person in Cy Becker, or virtual across Alberta.

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