MEDICINE FEATHER PSYCHOLOGY

Clinical Psychological Services | Saskatchewan • Alberta • Manitoba
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REFERRAL FOR PSYCHOLOGICAL SERVICES

Please fax or send by secure email. Do not send this form through the website contact form or by unencrypted email.

1. REFERRING PROVIDER

Role: ☐ Physician (MD) ☐ Nurse Practitioner ☐ Psychiatrist ☐ EAP ☐ Case Manager / Insurer ☐ Other: _____

Name	**Clinic / Agency**	
Billing / Practitioner (PRAC) ID	**Phone**	**Fax**
Email (secure)	**Address**	

2. PATIENT INFORMATION

Full name	**Date of birth (DD/MM/YYYY)**	
Phone (primary)	**Phone (alternate)**	**OK to leave a message? ☐ Yes ☐ No**
Email	**Address / City, Province**	

Preferred format: ☐ In person (Regina, SK) ☐ Secure video (SK, AB, MB) ☐ No preference

Contact: ☐ Please contact the patient directly ☐ Patient will contact Medicine Feather

☐ Patient is aware of and agrees to this referral

3. FUNDING

☐ Extended health benefits / private pay ☐ Workers' Compensation (WCB) ☐ EAP ☐ Disability insurer ☐ First responder program ☐ Other

WCB / claim / authorization #	**Insurer / EAP / program name**	**Case manager & phone**

Fee: $240 per 50-minute session. Medicine Feather does not bill insurers directly unless arranged with a third-party payer.

4. REASON FOR REFERRAL

☐ PTSD / trauma ☐ Operational stress injury (OSI) ☐ Grief / suicide loss ☐ Depression

☐ Panic / generalized anxiety ☐ Medical leave / return to work ☐ History of abuse ☐ Substance use

☐ Couple / family concerns ☐ Other: _____

Brief clinical summary (presenting concerns, relevant history, current medications, diagnoses):

_____

_____

_____

_____

Current risk: ☐ No known risk ☐ Suicidal ideation (describe above) ☐ Recent attempt / self-harm ☐ Risk to others

Medicine Feather is not an emergency service. For urgent risk, please direct the patient to 9-8-8, 911, or the nearest emergency department.

Attached: ☐ Consult notes ☐ Relevant assessments / reports ☐ WCB / insurer documents ☐ None

5. REPORTING PREFERENCES (with patient consent)

☐ Intake confirmation ☐ Progress summaries ☐ Return-to-work recommendations ☐ Discharge summary

Referring provider signature	Date

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