THE Newly INSTITUTE

REFERRAL TO THE NEWLY INSTITUTE
120, 2303 4 Street SW
Calgary, AB T2S 2S7
Phone: 825-540-4042
Fax: 1-800-334-1087

CLIENT INFORMATION			
Name		DOB (mm/dd/yyyy)	
Address		Personal Health Number	
Phone		Consent to call?	Yes ☐ No ☐
Email		Consent to email?	Yes ☐ No ☐
Marital Status	Single ☐ Married ☐ Common-Law ☐ Widowed ☐ Other ☐:		
Language	English ☐ French ☐ Other ☐ (please specify):		
Family Physician			
Psychologist			
Psychiatrist			

BRIEF DESCRIPTION OF REASON FOR REFERRAL

REFERRAL INFORMATION			
Referral Source		Phone	
		Fax	

Reason for Referral *(Check all that apply)*

Intensive Outpatient Program ☐ Specify:
Flex Program ☐ Specify:
Other ☐ Specify:

Documentation to Support Referral *(All information related to a mental health condition from the client's file)*

Psychiatry Report ☐	Attached ☐	To Follow ☐	WCB Report ☐	Attached ☐	To Follow ☐
Psychology Report ☐	Attached ☐	To Follow ☐	Other ☐	Attached ☐	To Follow ☐

Date: (mm/dd/yyyy) _____ Name (Please Print) _____ Signature _____

Attach a valid Authority to Release Medical/Service Information Form **for the Referred Client and email completed referrals to: referrals@thenewly.ca or fax to 1-800-334-1087**