

# Department of Clinical Health Psychology – Referral Form



**Royal University Hospital**  
103 Hospital Drive, Saskatoon, SK, S7N 0W8  
Telephone: (306) 655-2341 Fax: (306) 655-2340  
[www.saskatoonhealthregion.ca/your\\_health/ps\\_psychology.htm](http://www.saskatoonhealthregion.ca/your_health/ps_psychology.htm)

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Consultation                  | <input type="checkbox"/> Pediatric Consultation         |
| <input type="checkbox"/> Adult Consultation/Therapy          | <input type="checkbox"/> Pediatric Consultation/Therapy |
| <input type="checkbox"/> Adult Neuropsychological Assessment | <input type="checkbox"/> Adult Road to Well-Being Group |

Referring Agent: _____	Referral Date: _____
Address: _____	Referring Agent Tel #: _____
City/Town: _____	Postal Code: _____

Patient's name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	DOB: _____ Age: _____ (Day – Month - Year)
City/Town: _____	RUH #: _____
Postal Code: _____	Health #: _____
Tel #: (H) _____ (C) _____	(W) _____
Parent/Guardian name(s) (if pediatric referral): _____	

<b>Medical Diagnosis:</b>
<b>Date of Onset and Brief Description:</b>
<b>Current Medications:</b>
<b>Additional Investigations/Treatments:</b>
<b>Problem of Focus for Intervention(s):</b>
<b>Additional Information Relevant for Treatment:</b>