

**ANXIETY AND MOOD PROGRAM**  
**C/O Mental Health and Addiction Services**  
**CENTRALIZED INTAKE**  
715 Queen Street  
Saskatoon, Sask. S7K 4X4  
Phone: 655-7950 Fax: 655-7811

**PLEASE PROVIDE COMPLETE INFORMATION OR YOUR REFERRAL MAY NOT BE ACCEPTED**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

Problem or Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

**This is a request for:** (Please prioritize if requesting more than one service)

- Generalized Anxiety Service
- Panic and Phobia Service
- Social Anxiety Service
- Obsessive Compulsive Disorder Service
- Bipolar Education Service

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_