



Saskatchewan Health Authority



Saskatoon and Area

Clinical Health Psychology  
**OUTPATIENT – Referral Form\***

Royal University Hospital  
103 Hospital Drive, Saskatoon, SK, S7N 0W8  
Telephone: (306) 655-2341 Fax: (306) 655-2340

[https://www.saskatoonhealthregion.ca/locations\\_services/Services/cdm/Pages/Programs/Clinical-Health-Psychology.aspx](https://www.saskatoonhealthregion.ca/locations_services/Services/cdm/Pages/Programs/Clinical-Health-Psychology.aspx)

<input type="checkbox"/> Adult Consultation/Therapy	<input type="checkbox"/> Pediatric Consultation/Therapy
<input type="checkbox"/> Adult Neuropsychological Assessment	<input type="checkbox"/> Early Childhood Psychology

Patient's name:\* \_\_\_\_\_ Sex:  Male  Female  
 Address: \* \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Day-Month-Year)  
 City/Town: \* \_\_\_\_\_ Postal Code: \* \_\_\_\_\_  
 Tel #: (H) \* \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Health #:\* \_\_\_\_\_  
 Parent/Guardian Name(s) (if pediatric referral): \_\_\_\_\_

\* - required information

Referring Agent's Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
 Dept. and/or Title: \_\_\_\_\_ Referring Agent Tel #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Medical Diagnoses & Health Problems:

Relevant History, Investigations, & Treatments:

Reason for Referral: (Include psychological and/or behavioural problems observed)

Current Medications:

For Cardiac & Diabetes Patients ONLY:  
 Participation in Group Discussed:  Yes  No  
 Appropriate for group:  Yes  No If no, reason?...

*\* Use ward consult form for inpatient service requests*