



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

<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*