



1010 Centre Street SE, Calgary, AB,

T2G 1B3

Ph: 587.393.4020

Fax: 1.855.927.1705

wellness@theseed.ca

Health and Wellness Referral Form

Date: _____

Referral Source: _____

Phone: _____ Fax: _____

Email: _____

Patient Details

Title: _____ First Name: _____ Surname: _____

Gender: _____ Address: _____ Province: _____

Date of Birth: _____ Postal Code: _____

Health Care Number: _____ Family Physician: _____

Phone: _____ Physician Contact: _____

Emergency Contact

First Name: _____ Surname: _____ Relationship: _____

Phone Number: _____

Requested Action

<p><i>Please only choose one- if more than one is selected, referral will be returned.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Functional Cognitive Assessment (Adult)<input type="checkbox"/> Motor Function Testing (Adult/Child)<input type="checkbox"/> Psychoeducational Assessment (Adult/Child)<input type="checkbox"/> FASD Assessment (Adult)<input type="checkbox"/> Advocacy<input type="checkbox"/> Physiotherapy<input type="checkbox"/> Diabetic Foot and Wound Care<input type="checkbox"/> Addictions Mobile Outreach	<p><i>If requesting counselling, please answer all the questions below.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> General Mental Health Counselling (Adult)<input type="checkbox"/> General Mental Health Counselling (Youth 14+) <p>Location preferred for counselling:</p> <ul style="list-style-type: none"><input type="checkbox"/> Downtown (Except youth) (1010 Centre Street S)<input type="checkbox"/> Manchester (5757 2nd ST SW)<input type="checkbox"/> Marlborough Park (6060 Memorial Dr NE)<input type="checkbox"/> Video/Phone Counselling
---	--

Please finish application on next page

Reason For Referral:

If requesting Addictions Mobile Outreach, please note where the client can be located