ATMA CENA

Fax: (888) 720-6140 Toll Free Phone: (888) 720-6040
Calgary, AB 734 42 Ave SE, T2G 5N9 • Edmonton, AB #1155 5555 Calgary Trail NW, T6H 5P9
info@atmacena.com • www.atmacena.com

Referring Psychologist / Clinic Information:

Clinic Name: _____
Office Phone #: _____
Office Fax #: _____
Referring Psychologist: _____
Prac ID: _____
Signature: _____ Date: _____

Electronic Signature Disclaimer: By signing your name electronically on this referral form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Patient Information:

Last Name: _____
First Name: _____
Address: _____
Gender: ☐ M ☐ F ☐ Non-Binary ☐ Prefer not to say
DOB (dd/mm/yy): _____
Primary Phone #: _____
Email: _____
Health Card#: _____

Service offerings included in referral:

- ☐ Initial Consultation
- ☐ Ketamine-Assisted Therapy
- ☐ Repetitive Transcranial Magnetic Stimulation
- ☐ Other Psychedelic-Assisted Therapies
- ☐ General Therapy

Diagnosis:

- ☐ MDD
- ☐ PTSD / cPTSD
- ☐ Anxiety
- ☐ Addiction
- ☐ Bipolar Affective Disorder

Reason for Referral or Diagnosis:

Other Specialists Involved in Care:

Relevant Past (Mental Health History):

Please include a list of current medications and consultation reports with this referral. This Information will assist us to appropriately triage your patient. **Please fax all documents to (888) 720-6140**. Once all documentation is received and reviewed, a consultation appointment will be scheduled.

*Please note that this is a private pay service.