



Hello Mental Health - Referral Form

Phone: (587) 412-2194

Fax: (587) 689-2266

Email: hello@hellomentalhealth.ca

Website: www.hellomentalhealth.ca

Please note: Hello Mental Health DOES NOT accept patients with acute safety concerns or active suicidality, psychotic disorders including drug induced psychoses, active mania, or schizophrenia.

Date:	
Name of Referring Physician:	Clinic:
PRAC ID:	Fax Number:
Signature:	
<input checked="" type="checkbox"/> Hello Mental Health is a virtual clinic. Therefore, we are unable to provide any in-person care. We kindly request that if your patient requires any in-person care that they are able to access your clinic services. By sending this referral form to Hello Mental Health, you are agreeing to the above agreement regarding in-person care.	

PATIENT *Please attach patient label if possible.

Full name:	AHC:
Date of birth:	Gender: Sex:
Address:	Phone Number: <i>*Please provide a cell phone number if possible as patient will be contacted via text message.</i>
City/Town:	Email Address:
Postal Code:	
Comments:	

As per the CPSA (College of Physicians & Surgeons of Alberta) Standards of Practice, Hello Mental Health aims to provide all patients with after-hours mental health resources. This includes access to our on-call physician/registered nurse for virtual care, and information regarding local/regional distress lines, Health Link, and 911 and when to utilize the above services.