



CALGARY COUNSELLING CENTRE REFERRAL FORM

PATIENT INFORMATION *Affix patient label here.*

Patient name: _____
 PHN: _____ DOB (dd/mm/yyyy): _____
 Address: _____
 City: _____ Province: _____ Postal code: _____
 Telephone (H): _____, (C): _____

Date: _____

Email: _____ Preferred contact number: _____

If the patient is a minor, please include:

Parent name: _____ Parent phone number: _____

REASON FOR REFERRAL *Please print clearly.*

Please note: patients with severe and persistent mental health concerns (e.g., active psychosis, significant brain injury, or patients with complex mental health issues requiring long-term social support as opposed to treatment) should not be referred.

Please attach any other relevant information or documents such as the Mental Health Intake Form, Wellbeing Screen, GAD-7, PHQ-9, etc.

PHYSICIAN INFORMATION

Referring physician name *(please print clearly)*: _____

Referring healthcare provider name *(if applicable)*: _____

Family physician name *(if different)*: _____

Clinic name: _____

Phone number: _____ Fax number: _____

The family physician's office will be contacted by fax to confirm acceptance of the referral and date/time of appointment.

Please **fax** completed form to **403.716.2612**.

CALGARY COUNSELLING CENTRE REFERRAL FORM

PATIENT REFERRAL PROCESS

- If patient meets eligibility criteria, the physician or healthcare provider completes the referral form and faxes it to the Calgary West Central Primary Care Network (CWC PCN).
- The CWC PCN confirms eligibility and forwards referral to Calgary Counselling Centre (CCC).
- CCC has no wait list. Once the referral form is received, the patient will be contacted within two business days to book an appointment.
- CCC Intake team assigns the patient to a counsellor designated to the CWC PCN.

INITIAL CONTACT

- Counsellor contacts the patient to book the first session.
- Counsellor outlines the 24-hour cancellation policy and asks patient consent for text reminders.
- Counsellor sends confirmation of the first session appointment by completing and faxing the CCC PCN Communication Form to the physician's office.
- If the assigned counsellor is unable to reach the patient to book a first session, the counsellor communicates this information back to the physician via fax and using the CCC PCN Communication Form.
- Counsellor consults with the physician via telephone with any questions about the patient referral.

FIRST SESSION

- Reviews the CCC consent form, no-show or late cancellation guidelines.
- Discusses patient graph and completes initial graph regarding patient status.
- Counsellor completes and faxes a CCC PCN Communication Form to the physician, outlining the reason for seeking service, goals of service, frequency of service and a brief treatment plan.

SESSIONS 3 - 4

- If the patient graph is stable (no change) or deteriorating, counsellor consults with their supervisor as per usual.

SESSIONS 6 - 7

- If the patient graph is stable (no change) or deteriorating, counsellor contacts the physician via telephone to consult on the case.

ALL SESSIONS

- Counsellor consults with the physician via telephone as needed throughout the course of therapy.
- If the client graph shows improvement or recovery, therapy continues as per usual. The next point of contact with the physician is at end of treatment.

LAST SESSION/DISCHARGE

- Close patient file.
- Counsellor faxes a closing report to the physician using the CCC PCN Communications Form, together with a copy of the patient graph.

The CCC pilot program is a strategic partnership between the CWC PCN and the CCC, whereby the CWC PCN has secured a set number of counselling hours with eight registered and provisional psychologists and social workers. This pilot program allows all physician members and CWC PCN Patient Care Team staff to refer patients who meet the eligibility criteria. The program is offered on a first-come, first-served basis, and the fees for the counselling service are covered by funding from the CWC PCN.