

## Patient Information

First Name

Last Name

Date of Birth

PHN

Gender

Address

Phone

Email

## Referring Provider Information

Full Name

Date of Referral

PRAC ID

Clinic Name

Phone

Clinic Location

Fax

How long have you known the patient?

## Patient Demographics

Does the patient have a history of substance and/or alcohol abuse?

YES

NO

Is the patient employed?

YES

NO

Occupation:

If not employed, what type of benefits are they currently on? (Please Select)

Alberta Works

AISH

Short Term  
Disability

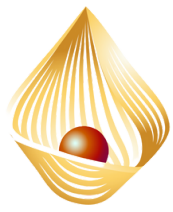
Long Term  
Disability

Veterans

WCB

If other please specify:

Please Fax the completed form to (780) 306 2346



# envision

Mind Care & Research Institute

Urgent Referral:  YES  NO

## Referral Information

**Reason for Referral: Select all that apply.**

- Depression
- Anxiety
- C-PTSD/PTSD
- ADHD Assessment
- Ketamine/Psilocybin
- TMS/TDCS
- Medication Management
- Short term care (< 6 months)
- Long term care (> 6months - 2 years)
- Other (please specify)

**Please provide context and as much information as possible.**

**Past Medical History:**

**Medication History (if known):**

Envision Mind Care is dedicated to providing program-based care, specializing in innovative treatments for those who have not found relief through traditional methods. Our focus is on short-term, intensive programs rather than long-term care management. While we strive to support each patient to the best of our ability, we advise that potential patients be informed about the costs associated with our treatments. We strongly recommend individuals seeking effective, short-term interventions to consider our services, ensuring they are fully aware of the nature and structure of our care programs.

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**Important: At Envision Mind Care, all patients are required to complete an intake assessment, with fees starting at \$220. Please note that many of our treatments and therapies also have associated costs. Additionally, we do not accept patients diagnosed with psychosis or psychotic disorders.**