The Homewood Clinic

Canada's leader in mental health, addiction and trauma treatment.

External Referral Form

Please complete the following information form and email it to **clinic-intake@homewoodhealth.com** or fax it to **1-855-895-0666**.

Date of Referral
(MM/DD/YYYY)

Clinic Location
○ Calgary ○ Mississauga ○ Vancouver
○ Edmonton ○ Montreal

Referrer Name

Consent obtained and attached: ○ Yes ○ No

Title

Telephone
(xxx)xxx-xxxx

Fax
(xxx)xxx-xxxx

Email

Referral Reason
○ Mental Health ○ Addiction ○ Trauma ○ Co-occurring
○ Booster ○ Cognitive Work Hardening ○ Aftercare

Client Name

Date of Birth
(YYYY/MM/DD)

Gender ○ Male ○ Female ○ Alternative

Client Address

Client Phone Number
(xxx)xxx-xxxx

Email

Is this an urgent referral? ○ Yes ○ No

Is the client aware of the referral? ○ Yes ○ No

Primary Diagnosis

Secondary Diagnosis

Client start date availability
(YYYY/MM/DD)

Brief case description and results of diagnostic testing *(attach reports if available)*

Additional Comments

Referral documentation attached ☐ Medication List ☐ Consent Forms

Please save the form and email it to:
clinic-intake@homewoodhealth.com

RESET FORM

For more information about The Homewood Clinic, please contact us:
(TF) 1.888.409.0954 | clinics@homewoodhealth.com | (FAX) 1.855.895.0666
homewoodhealth.com/clinics

Homewood Health
Improving Life