



# Grace Hill Specialist Clinics Inc.

Varsity Medical and Professional Building,  
315-8 Varsity Estates Circle NW, Calgary, AB. T3A 2Z3.

Tel: 587 392 3601. Fax: 587 392 3602.

[www.gracehillhealth.ca](http://www.gracehillhealth.ca)

## Referral Form for Independent/Third-Party Psychiatric Evaluation.

\*Please, fax completed form to: 587-392-3602.

**Referral Source:** (or your company stamp with contact name)

Name: .....

Company Address: .....

Tel: ..... Fax: .....

**Client Information:** (or label)

Name: .....

Date of Birth: .....

Address: .....

Tel: .....

**Reason(s) for Referral** [please, be as specific as possible; use an extra sheet, if needed, to clearly state your request(s)]:

.....  
.....  
.....  
.....

**Any Previous Clinical Psychiatry Assessment?**

( ) \*Yes ( ) No

**Any Previous Independent Psychiatry Assessment?**

( ) \*Yes ( ) No

\*Please, attach ALL previous records.

**Other Relevant Information:**

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*Thank you for your referral.*