CRESPIN MENTAL HEALTH CLINIC

Psychiatry Consultation Referral Form

Dr. Marcelo Crespin, MD, FRCPC
Youth & adults, ages 16–59 · Edmonton in-person or virtual Alberta-wide

REFER BY FAX
1-844-888-1088
Inquiries 780-800-2377
contact@crespinmhc.ca
www.crespinmhc.ca

A referral letter or your PCN / EZPCN psychiatry form is equally acceptable. **Please include the consultation question and current medication list.** No preliminary diagnosis is required — the consultation clarifies the picture. English or Spanish.

1. PATIENT

Last name (legal)	First name (legal)
Preferred name / pronouns	Date of birth (dd-Mon-yyyy) · age 16–59
PHN / ULI	Phone
Email address (required — for intake materials)	Preferred contact: ☐ Phone ☐ Email

Appointment: ☐ In-person ☐ Virtual ☐ No preference Language: ☐ English ☐ Spanish ☐ Interpreter

Aware of referral: ☐ Patient ☐ Guardian / SDM ☐ Both Care model explained (consult → brief follow-up → hand-back): ☐ Yes ☐ Not yet

2. REFERRING PROVIDER

Name & credentials	Clinic / PCN
PRAC ID #	Date of referral (dd-Mon-yyyy)
Phone	Fax (for report)

3. REASON & PRIORITY

Reason for referral (check all that apply)

☐ ADHD / neurodevelopmental ☐ Autism Spectrum Disorder
☐ Mood / bipolar-spectrum ☐ Anxiety / OCD
☐ Trauma-related / PTSD ☐ Sleep
☐ Diagnostic clarification / other

Request: ☐ Advice ☐ Consult
Priority: ☐ Routine ☐ Urgent
Status: ☐ Stable ☐ Worsening

Question type: ☐ New diagnostic question ☐ Confirm / clarify existing ☐ Treatment optimization

Consultation question (required) — what would you like clarified or advised on?

4. CLINICAL INFORMATION

Relevant psychiatric / medical history & current presentation

Current & past psychiatric medications (dose, duration, response)

Allergies / ADRs (☐ NKDA)	Substance use (current & past)

Attached: ☐ Scales (ASRS/PHQ-9/GAD-7) ☐ Reports ☐ Records ☐ Collateral ☐ Bloodwork

ADHD / ASD collateral from before age 12 or school records? ☐ Yes ☐ No ☐ Unsure

5. CONSENT & SIGNATURE

By signing I confirm the patient consents to this referral and information sharing; is aware a valid email is used for intake; understands this is a consultation with brief follow-up where medication is started, after which prescribing and monitoring return to the referring provider; and that this referral is not for a disability, WCB, insurance, legal or IME purpose.

Signature	Designation	Date

Scope: outpatient psychiatric consultation, youth & adults 16–59. Where a time-limited consultation is not the right fit, we suggest a suitable Alberta pathway at triage so every patient has a clear next step. English or Spanish · VAC beneficiaries welcome · LGBTQ2S+ affirming care.

Turnaround: receipt acknowledged ≤ 7 days · triage decision ≤ 14 days · written report after assessment.