



Odyssey Psychological Assessment and Counselling Services

Dr. Naheed Jawed, PhD.

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Referral form for healthcare professionals

Name and designation of referring professional:

Name of referred patient:

Contact phone number for referred patient:

Can a message be left for the patient at this number?

YES

NO

Is the patient aware of the referral and expecting contact from Dr. Jawed?

YES

NO

Reason for referral and expectations from this referral:

Previous psychological or relevant psychiatric history including diagnosis if any:

Crisis or self-harm behaviour (Please list all such incidents including when they occurred and by what means):

Previous psychiatric hospitalizations (Please list dates and facilities if available):

Substance use history including present use:

Present medications (please list all including non-psychiatric medications):

Please indicate if there is any legal involvement related to the referral and the context of legal involvement:

Any additional information of note:

If available, please attach any psychological or psychiatric information (discharge notes from hospital, treatment summaries etc.) with this referral form. Please use extra sheets to communicate any additional information if it does not fit on the pages above.

PLEASE NOTE E-MAIL IS NOT A SECURE FORM OF COMMUNICATION. IF YOU ARE E-MAILING THIS FORM, IT WOULD BE PRUDENT FOR YOU TO PASSWORD PROTECT THE DOCUMENT AND IN A SEPARATE E-MAIL PLEASE SEND ME THE PASSWORD. ALTERNATIVELY, YOU MAY FAX THE DOCUMENT ATTN TO DR. NAHEED JAWED AT 403-980-4090.

Thank you for your referral.