

Service Profile Submission

Alberta Referral Directory

The Alberta Referral Directory (ARD) is a secure online resource for health care providers that centralizes referral information for consulting physicians and services across the province. This free, searchable directory provides access to service and consultant demographics, specific referral guidelines and detailed instructions to facilitate efficient, effective and complete referrals. For your convenience we have embedded the link to the [CPSA Referral Consultation Standards](#) which is the most recent referral standard in Alberta.

Once this form is submitted for the initial setup an ARD administrator will enter your service information into the directory. Once complete, you will be given online access and will be able to update your information in real time. If you have any questions or concerns, while completing this form, email us at: albertareferraldirectory@ahs.ca

Contact Information	
First Name	Last Name
Phone	E-mail
Secondary Contact Information	
First Name	Last Name
Phone	E-mail
Service Information	
Service Name	
Is your Organization an AHS Service? <i>(An organization is a company, association or group providing a selection of services or activities to their clients)</i> <input type="checkbox"/> Yes → What is Zone are you located in? _____ <input type="checkbox"/> No → Are you Private? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(explain)</i> _____	
Short Service Description <i>(Write a one sentence statement describing who you see and the type of service you offer)</i>	
_____ _____ _____	
Additional Description <i>(Include any other details about your service you feel are relevant)</i>	
_____ _____ _____ _____ _____	

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Key Provider Information *List key providers who may provide this service. (i.e. nurses, physicians, occupational therapist)*

Eligibility Requirement *Provide eligibility description. (i.e. patient must be 17 years or younger)*

Location Information

Location Name: (i.e. Foothills Medical Centre)

Location Street Address

Suite/Room Number

City

Postal

Prov

Phone

Secondary Phone

Fax

Toll Free

 Mailing address (same as above)

 Does your service have multiple locations? Yes → If yes, an ARD administrator will contact you to discuss.

Website

 Directions *(paste any urls that are applicable i.e. maps)*

 Parking instructions *(please include parking fees, meter, parking map, if applicable paste url)*
Hours of Operation
 Service Operates 24/7

Monday	to	Tuesday	to	Wednesday	to
Thursday	to	Friday	to	Saturday	to
Sunday	to				

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Referral Information		
Estimated time to routine appointment?		
Phone	Fax	E-mail
Routine Referral Process <i>(What is your referral process for routine referrals i.e. How do you receive referrals?)</i>		
Urgent Referral Process <i>(What is your process for an urgent referral i.e. phone or fax)</i> CPSA Standard of Practice - Referral Consultation.		
AHS Services paste the URL of your referral form or if you're using the AHS Generic Referral check here <input type="checkbox"/>		
Non AHS services paste URL to your own referral form , if you don't have a referral form, but would like to use one, check here <input type="checkbox"/>		
Missed Appointment Guidelines <i>(Indicate how patients can reschedule or cancel an appointment)</i>		

Communication Process - see [CPSA Standards of Practice - Referral Consultation.](#)

How many calendar days for confirmation of receipt to be sent to the referral source? _____

How many calendar days for the appointment details to be sent to the patient and referral source? _____

How many calendar days does it take to send the initial appointment outcomes to the referral source? _____

Pressing the Submit button will enable you to send the completed information to the ARD

An ARD administrator will be in contact with you prior to updating the directory with your information.

If you have any questions or concerns, please contact us at albertareferaldirectory@ahs.ca