Alberta Health Services

Affix patient label within this box

Allied Health Referral

Refer to the Alberta Referral Directory *(health professionals)* or informAlberta.ca *(general public)* for eligibility criteria and submission instructions

Client Information			
Last Name		First Name	Date of birth (dd/Mon/yyyy)
PHN/ULI	Address		City
Province	Postal Code	Phone	Other Phone

Services Required

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Respiratory
- ☐ Therapeutic Recreation
- ☐ Speech-Language Pathology
- ☐ Social Work
- ☐ Spiritual Care

Reason(s) for Services Needed

- ☐ Date of Injury _____
- ☐ Onset of Conditions _____
- ☐ Contraindications _____
- ☐ Other _____

Referring Information		
Name	Phone	Fax

For Office Use Only

Date Received