Mendez
FOR CLINICAL INTERVENTIONS

PO Box 361
North Battleford, SK S9A 2Y3
Fax 833 523 2383 Email contact@mendezci.org

Referral Form for Mental Health Service –VIRTUAL ONLY (Video & Phone)

Referred to Psychiatric Services

Dr. Olugbenga Alabi MBBS, MRCpsych (UK), FRCPC ☐
More psychiatrists will be added soon.

Please complete all the fields before submitting.

Patient/Client Information

First Name _____ Last Name _____

Gender: Male ☐ Female ☐ Other ☐

HSN _____ DOB (mm/dd/yyyy) _____

Address _____

City/Town _____ Province _____

Postal Code _____ Email id _____

Primary Number _____ Secondary Number _____

If minor/ Name of Legal Guardian _____

Reason for Referral _____

Referred by

Name of Doctor _____ Doctor's Code _____

Clinic Name _____ Email id _____

Address _____ City/Town _____

Contact Number _____ Fax Number _____

For Counselling Services, visit us on www.theappointments.ca