



# SELF REFERRAL INTAKE

## Red Deer Primary Care Network

Phone: 403.343.9100

Fax: 403.343.9580

website: [www.reddeerpcn.com](http://www.reddeerpcn.com)

**PATIENT INFORMATION:**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **PHN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **Sex:** M / F

**Address:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Program Interested IN:**

**GROUP**

Happiness Basics – 4 week

Strong & Steady – 4 weeks

Happiness Basics – 7 week

Anxiety to Calm – 8 weeks

Health Basics – 8 weeks

Journeying through Grief – 8 weeks

Moving on with Chronic Pain – 8 weeks

Relationships in Motion – 8 weeks

Sleep - 5 week online

Introduction to Physical Activity – one time only

**INDIVIDUAL**

Mental Health Reason: \_\_\_\_\_

Family Nurse Reason: \_\_\_\_\_

Pharmacist Reason: \_\_\_\_\_

Recreation Therapist Reason: \_\_\_\_\_

Pregnancy & Babies Reason: \_\_\_\_\_

**\*\*OFFICE USE ONLY**

**Intake Nurse:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Intake Nurse Signature:** \_\_\_\_\_