Salutogenesis Clinic
Supratentorial Medicine

Unit 301B 1230 91 Street
SW, Edmonton, T6X 1G7
T: 780-250-2400
F: 780-250-2401

MEDICAL CBT PROGRAM REFERRAL
Dr. Prasanna Yelnadu

Last Name			
First Name			
Date of Birth			
Address			
PHN			
Home Phone		Cellphone	
E-mail (required)			
Family Physician			

Referral from an MD required

REASON FOR REFERRAL

Referrals need to have at least one of the following:	□ Coping with Medical Illneses
□ **Anxiety**	□ Depression without psychosis or suicidal tendencies
□ **Depression**	□ Acute Stress
□ **Insomnia**	□ Substance Abuse Disorder
□ **Phobia**	□ Lifestyle Medicine
□ **Acute Stress**	□ Healthy eating/ Behaviour Change
□ **Any other psychiatric illness**	□ ITLC (Intensive Therapeutic Lifestyle Change)
Please include any relevant Medical History/ Allergies/ Medications:	□ ADHD
	□ Chronic Pain
	□ PTSD
	□ Illness Anxiety Disorder (Recent Diagnosis of Myocardial Infarction, Diabetes, Hypertension, Cancer or any debilitating Illness)

PLEASE FAX REFERRAL TO:
SALUTOGENESIS CLINC/ DR. PRASANNA YELNADU
FAX #: 780-250-2401