TAILOR MADE PSYCHIATRY

Dr. Sunny Kang, MD, FRCPC — Psychiatry
Virtual outpatient psychiatry · Adults · Calgary & surrounding area
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PSYCHIATRY REFERRAL – COVER SHEET

Please attach your referral letter / consult note. This sheet captures the details required to book and triage. **As of July 2026, no waitlist — new consults booked promptly.** Your own EMR referral is equally welcome.
Fax to 587-510-2503

Referring Physician

Physician name	
Clinic / address	
Phone / Fax	
Billing / PRAC ID (for claim)	
Signature / Date	

Patient

Full name	
Date of birth	
AHCIP / PHN	
Phone	
Email (preferred — appointment links sent by email or text)	
City / town (patient must be in Alberta during virtual visits)	

Reason for Referral

☐ Depression ☐ Anxiety ☐ Bipolar disorder ☐ ADHD ☐ Psychosis (stable / med adjustment)
☐ Comorbid substance use ☐ Other: _____

Service requested: ☐ Consult + treatment (episode of care, ~3–6 months)
☐ Consultation / opinion only (patient stays with you)

Primary concern / question	
Current medications (or attach med list)	

Referrer confirmation

☐ Patient is 16–65 (or 65+ and medically stable), holds valid AHCIP coverage, and resides in Alberta.
☐ Patient does not require emergency or crisis intervention — hospitalization, in-person assessment, or same-day care (chronic/passive suicidal ideation does not preclude referral; semi-urgent referrals welcome).
☐ Referral is not for an IME or completion of disability/insurance forms.
☐ Patient consents to this referral and expects contact by email/phone from a psychiatry office.

You will receive an acknowledgment with expected booking date on receipt, a consultation letter faxed the same day your patient is seen, and a discharge summary with a maintenance plan on completion.