

**Dr. Ali Alhasani, MB BCh BAO, FRCPC**

Psychiatrist

Phone: 639-973-0905

Fax: 306-910-0372

July 31, 2025

Dear Colleague,

I am pleased to announce the opening of my **virtual psychiatry clinic**, based in Regina, Saskatchewan and now accepting referrals from physicians in Saskatchewan area. I am a fully licensed psychiatrist with the College of Physicians and Surgeons of Saskatchewan, offering secure video consultations for patients.

I provide ongoing psychiatric care for patients aged 18 to 60. All appointments are conducted virtually using a secure, PHIPA- and HIPA-compliant platform.

At this time, I am **not** accepting referrals for patients whose primary concerns are:

- Psychotic disorders
- Substance use or addiction disorders
- Individuals who are unable to engage in virtual care

**Referrals can be sent by fax to 306-910-0372. Please include the patient's phone number and email, as this is how they will be contacted along with any relevant clinic notes and a current medication list. While the enclosed intake form is optional, it may assist in streamlining the referral process.**

If you would like to discuss a case by phone prior to referral, please do not hesitate to reach out. Thank you for your time, and I look forward to supporting your patients' mental health needs.

Sincerely,

**Dr. Ali Alhasani, MB BCh BAO, FRCPC**

# Dr. Ali Alhasani, Psychiatry

## Virtual Psychiatry Referral Intake Form

### Referring Provider Information

Referring Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Doctor #: \_\_\_\_\_

### Patient Information

Full Name(**required**): \_\_\_\_\_

Date of Birth(**required**): \_\_\_\_\_

Saskatchewan Health Card Number(**required**): \_\_\_\_\_

Phone Number(**required**): \_\_\_\_\_

Email(**required**): \_\_\_\_\_

Relevant History for Consult (brief summary):

---

---

---

### Exclusion Criteria – Please do not refer patients with:

- Primary substance use or addiction disorders
- Primary psychotic disorders
- Patients who are unable to attend virtual appointments

Please fax completed referrals to 306-910-0372, including the patient's email address and phone number.