



Cena Life is where Science meets Nature through innovative mental health service offerings that use psychedelic-assisted psychotherapy to assist individuals in bettering their own mental health and wellness. We are committed to educating our community about the new treatment options that are available and bringing forward safe care that supports better mental wellness.

Service Offerings

Psychedelic-Assisted Therapy (PAT)

Psychedelic-Assisted Therapy is an intervention designed for patients who may not have responded adequately to traditional treatments for conditions such as severe depression, anxiety disorders, PTSD, substance use disorder and certain chronic pain syndromes. This therapeutic modality combines the administration of ketamine and when appropriate other psychedelic molecules - with psychotherapy sessions to enhance the psychological healing and insight of the patient. Psychedelic-Assisted Therapy should be considered for patients who have not benefited from standard treatment. It is important to note that this therapy is part of a comprehensive treatment plan, including ongoing psychological support and lifestyle modifications to ensure the best outcomes for the patient. To access psychedelic molecules beyond ketamine, health care providers need to submit an application on behalf of their patients to gain approval from Health Canada.

Repetitive Transcranial Magnetic Stimulation (rTMS)

TMS (transcranial magnetic stimulation) is a non-invasive neuromodulation technique. It is an electromagnetic device that non-invasively delivers a rapidly pulsed magnetic field to the brain in order to activate neurons without inducing a seizure. The treatment is intended to be used for patients meeting clinical criteria for major depressive disorder and medication resistance. This procedure is done in a clinic setting with support from a trained technician.

Our clinical team and Psychiatrist will assess if the service offering(s) are a safe treatment option for your patient. We reserve the right to refuse treatment to anyone we deem not eligible due to medical or mental health reasons, of which we will communicate to you. If you have any further questions or concerns, please don't hesitate to reach out to us!

*Please note that this is a *private pay service*.

Please check off all service offerings included in this referral:

PAT rTMS

Please complete all sections of this form and include a list of current medications.

PATIENT'S INFORMATION	
Last Name (<i>Legal</i>)	First Name (<i>Legal</i>)
Health Care Card #	DOB (<i>dd-Mon-yyyy</i>)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Address:	
Primary Phone #	Secondary Phone #
Email:	
CLINICAL INFORMATION	

Please include a list of current medications and consultation reports with this referral. This Information will assist us to appropriately triage your patient. Please fax all documents to 780 - 669- 9216 . Once all documentation is received and reviewed, a consultation appointment will be scheduled.

Diagnosis: <input type="checkbox"/> MDD <input type="checkbox"/> PTSD <input type="checkbox"/> cPTSD <input type="checkbox"/> OCD <input type="checkbox"/> Addiction <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar Affective Disorder
Reason for Referral or Diagnosis:
Past Mental Health and Relevant Medical Health History:

Other Specialists Involved in Care:		
Height (cm):	Weight (kg):	
Blood Pressure:	HR:	BMI:

Is the client currently participating in any provincial or federal programs: Yes N/A

Please check all that apply and include case manager information.

<input type="checkbox"/> Veteran Affairs <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> RCMP <input type="checkbox"/> WCB <input type="checkbox"/> STD <input type="checkbox"/> LTD	
Case Manager:	Case Number:
Email:	Phone Number:

REFERRING DOCTOR INFORMATION:	
Clinic:	Date:
First & Last Name:	PRACID #:
Address:	
Phone Number:	Fax Number:
Doctor's Signature:	

Electronic Signature Disclaimer: By signing your name electronically on this referral form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Please fax all documents to 780-669-9216.