



REFERRAL FORM

Upon Completion Please Fax To 705-481-1925

Psychiatric Services and CBT Groups Require a Physician's Referral, Signature and Billing Number

CLIENT/PATIENT INFORMATION	REFERRAL SOURCE INFORMATION
<p>Affix label or complete the following:</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Date of Birth: _____</p> <p>Gender: _____</p> <p>Is your client/patient aware of this referral? Y/N</p> <p>If no, please explain: _____</p> <p>_____</p> <p>Phone (Home): _____</p> <p>Phone (Mobile): _____</p> <p>Can messages be left at the numbers provided? Y/N</p> <p>Email address: _____</p> <p>Address: _____</p> <p>Health Card Number: _____</p> <p>Emergency Contact Person: _____</p> <p>Emergency Contact Phone: _____</p> <p>Relationship: _____</p>	<p>Stamp or complete the following:</p> <p>Organization/Agency: _____</p> <p>_____</p> <p>Name: _____</p> <p>Position: _____</p> <p>(*Referrals for Psychiatric Services must be made by a Physician)</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>Billing number (if referred by a physician): _____</p> <p>Physician's Signature: _____</p> <p>Referral Completed By: _____</p> <p>Date Completed: _____</p> <p>Signature: _____</p>

Please check the services that your client/patient are interested in. Unless otherwise noted, there are fees for each service type.

Individual Therapy Services:

- Psychiatric Consultation (OHIP Covered - Single Consult Only)
- Psychoeducational Assessments for Children (Ages 6 to 21)
- Dialectical Behavior Therapy Skills Training
- Addiction/Substance Use Treatment/Referral
- Individual Psychotherapy Children and Adults (Ages 6 & Up)
- Couples Therapy / Faith Based / Imago (Circle One)
- LGBT2Q Counselling Services
- Spiritual and Faith Based Counselling Services
- Cognitive Behavioral Therapy
- Rapid Resolution Therapy® for PTSD, Grief and Loss

Group Therapy Services:

- CBT Skills Group (OHIP Covered with Physician's Referral)
- Dialectical Behavior Therapy Skills Group Ages 16+
- Young Adults Group for Ages 18-24
- HATTS Group for Ages 13-17
- Pain Management Group
- Family Support Group
- Senior Support Group
- Mindfulness Group
- Trauma Treatment Group for Professionals
- Psychoeducational Wellness Group

1. REASON FOR REFERRAL:

2. SUBSTANCE USE/ABUSE (Current Use, Frequency Etc.):

3. RISK ISSUES	CHECK IF YES	DATE	DETAILS
Suicide attempt / ideation			
Deliberate self-harm			
Violent behavior			
Legal involvement			
Fire Setting			

4. MEDICATION	DOSE/FREQUENCY	RESPONSE/ADVERSE EFFECTS

5. AGENCIES, HOSPITALS OR THERAPIES INVOLVED WITHIN THE PAST TWO YEARS

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