

## REFERRAL FORM

CBT Niagara is a private, fee-for-service psychological clinic offering individual cognitive behaviour therapy. Our services are not covered by OHIP although psychological services are often covered through extended health care plans.

Date of Referral: \_\_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Patient Address:

\_\_\_\_\_

Patient Phone Number or Email: \_\_\_\_\_

Parents Phone Number: \_\_\_\_\_

Is it ok to leave a voice message? Yes \_\_\_\_\_ No \_\_\_\_\_

### REASON FOR REFERRAL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERRAL INFORMATION

Same as above: Yes \_\_\_\_\_ No \_\_\_\_\_

Referring Physician/Professional:

\_\_\_\_\_

Address:

\_\_\_\_\_

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

Signature: \_\_\_\_\_

~ Thank you ~

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