



**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.

**Please note:** We do not accept any referrals which are **MVA** related.

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

**PATIENT INFORMATION**

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

DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

\_\_\_\_\_

Patient &/or Guardian's Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we leave a voice message? YES \_\_\_\_ NO \_\_\_\_

**REASON FOR REFERRAL**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERRAL INFORMATION**

Same as above: YES NO

Referring Physician/Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**~ Thank you ~**