

**Halle H. Sailer R.P., CACBT (M.D. in Germany)**  
**Registered psychotherapist in Ontario (CRPO) – 004706**  
**Canadian Association of Cognitive Behavioral Therapy**

**Adults, Family Therapy and Couple Therapy**

**#520-601 Ellesmere Rd @ Warden; Scarborough, Ontario, M1R 0B1 Tel: 416 673 9366 Fax: 647 826 3709**

# Referral Form for CBT-Therapy for Adults

**Please fax to: 647 826 3709**

Facilitator: Halle Sailer

<b>REFERRAL SOURCE INFORMATION</b>		<b>Date:</b>	
Name of the referring doctor:		Physician#	
Tel. number:			
Fax. number:			
<b>PATIENT INFORMATION: PLEASE PRINT</b>			
Last Name of Patient:		First Name of Patient:	
Date of Birth:		Age:	Male/Female:
Email of Patient:		Expire Date:	
Cell/tel. (preferred):		Home/tel.:	
Address:		<u>Is patient aware of the referral?</u>  <u>Which tel. number is preferred for messages?</u> <input type="checkbox"/> father's cell <input type="checkbox"/> mother's cell	
<b>Reasons for Referral: Please indicate</b>		<b>List of the Medication patient is currently on:</b>	
		1. 2. 3.	

**An appointment is scheduled for above patient on: \_\_\_\_\_ at: \_\_\_\_\_**  
**Please ask the parent to call our office to confirm or reschedule this appointment.**

**Please notify your patient that in the event of ‘no-shows’ and ‘failure to cancel/reschedule with a three business days’ notice’, a fee of \$150 will be charged.**