

1300 Don Mills Road, Suite 105; Toronto ON M3B 2W6 Tel: 416-737-8775; Fax: 647 350 6066

## Referral Form for CBT-Group for Children (OHIP)

Group Therapy for Mood and Anxiety Disorders in Children and Adolescents for age of 10-18  
 (Covered by OHIP - Admin fee: \$150)

**Please fax to 647 350 6066**

Facilitators: Halle H. Sailer (Reg. Psychotherapist), Dr Janette Milne, Dr Jody Huynh (Pediatricians)

<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:
OHIP Number:		Expire Date:	
Home tel.:		Cell:	
Address:		Is patient aware of the referral? Yes / No	
		Which tel. number is preferred for messages? <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone	
<b>Reasons for Referral: Please indicate</b>		<b>List of the current medications:</b>	

**Thanks for your referral.**

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

**Office use: An appointment is scheduled for the above patient on: \_\_\_\_\_ at: \_\_\_\_\_**

**Please ask the parent to call our office to confirm or reschedule this appointment.**