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

Group Therapy, Individual and Family Therapy
Cognitive Behavioral Therapy, Dynamic Psychotherapy

520-Suite 601, Ellesmere Rd. @ Warden; Scarborough, Ontario, M1R OB1, Tel: 416 673 9366 Fax: 647 826 3709

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 647 826 3709

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

REFERRAL SOURCE INFORMATION	**Date:**
Name of the referring doctor:	Physician #
Tel. number:	
Fax. number:	
PATIENT INFORMATION: PLEASE PRINT	
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? ☐ Cell phone ☐ Home phone
Reasons for Referral: Please indicate	**List of the current medications:**

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.