Shades of Wellness Toronto

3701 Chesswood Drive, Suite 210, Toronto,
Ontario CA, M3J 2P6
Office: (416) 633-7340
Fax: (416) 633-1941
info@shadesofwellness.ca

Psychotherapy Client Referral Form

Client name _____

Client Date of Birth _____

Client contact information _____

Concern & Diagnosis (Please specify):

- ☐ Anxiety
- ☐ Depression
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Adjustment Disorder
- ☐ Others (Please specify) _____

Comments:

Referring Practitioner _____

Contact information _____

Referral Date _____

Signature _____