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Referral Form

Changeways Clinic is a private, fee-for-service psychological clinic offering one-to-one cognitive behaviour therapy. Services are not funded through the provincial healthcare system, though many patients have coverage for our services through their workplace or extended health plan. Your patient will be assigned the earliest available clinician with expertise in the problem area, unless a preference is expressed below.

Date of Referral: _____

Patient Name: Mr / Ms _____

Birth Date: _____

Address: _____

Patient Telephone: _____

Reason for Referral/Presenting Problem: _____

Current Medications, if any: _____

Referring Physician/Professional (please complete or use stamp):

Telephone: _____

Address: _____

Signed: _____

Many thanks for your referral.