



IG Vital Health – Psychotherapy Services

Tel: 416-520-6910 Fax: 416-352-5926

PSYCHOTHERAPY PATIENT REFERRAL FORM

Patient's Name _____

Patient's Contact Number _____

Diagnosis & Additional Details (Please specify):

Depression

Anxiety

PTSD (Post-Traumatic Stress Disorder)

Adjustment Disorder

Other (Please specify the *diagnosis**): _____

Comments:

Referring Practitioner _____

Contact Information _____

Referral Date _____

Signature _____



IG Vital Health

Psychotherapy Clinic

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