Inspire Change Counseling Services
9800 McLaughlin Road N unit 74
Brampton, ON, L6X 4R1
Tel: 416-617 2613 Fax: 905-455-7363

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____