VITAL MINDS PSYCHOTHERAPY

849 Upper Wentworth St, Hamilton, Ontario L9A 5H4
Fax: 236-646-0836 | Phone: 905-618-7777

Referral Form

Referral Source Information

Title/Role:	
Full Name:	
Clinic Name:	
Email:	
Phone:	
Fax:	

Patient Information

Patient Name:	
Parent Guardian (if applicable):	
Date of Birth:	
Email:	
Phone:	

Does the patient have insurance coverage: Yes / No

If yes please indicate insurance company : _____

Please indicate annual coverage amount: _____

Presenting Concern

Concerns (check all that apply)	☐ Anxiety / Panic ☐ Depression / Low Mood ☐ Trauma / PTSD ☐ Postpartum / Perinatal ☐ ADHD / Executive Functioning ☐ Relationship / Family Issues ☐ Grief / Loss ☐ Stress Management ☐ Self-Esteem / Identity ☐ OCD/Phobias ☐ Other: _____

Brief Description / Relevant History

Medication & Other Considerations

Risks / Concerns	☐ No known concerns ☐ Suicidal ideation: _____ ☐ Substance use: _____ ☐ Medical conditions: _____ ☐ Current medications: _____ ☐ Other: _____

Requested Services

Service Type	☐ Individual ☐ Couples ☐ Family ☐ Adolescent/Child
Preferred Modality	☐ In-person ☐ Virtual ☐ No preference

Consent for Referral

☐ By submitting this referral, I confirm I have permission to share this information and consent to contact.

Please fax completed referrals to 236-646-0836 or email them to info@vitalminds.ca. Vital Minds Psychotherapy offers free consultations to all clients to ensure the best possible therapist match for their unique needs. We do not have a wait list and are committed to providing all clients with accessible and immediate care.