

HOW TO REFER PATIENT TO OUR CLINIC

Dear Doctor, in order to refer new patients to our clinic, please

- 1) **COMPLETE** the attached form and fax it to us at 416-229-9771
- 2) If your form is **INCOMPLETE**, we will fax it back to you and **NO** action will be taken by us at this stage until a complete form is faxed to us again.
- 3) please inform your patients
 - a) **NOT** to call our clinic regarding scheduling appointment, we will contact them directly **within 6 weeks** if an appointment becomes available. If our office **does not** contact your patient **within 6 weeks**, please make other arrangements for the patient.
 - b) Once the appointment is set up and if the patient needs to reschedule, the clinic requires **48 hours** in advance notice.
 - c) For last minute cancellation or **NO SHOW** of the appointment, the clinic will **NOT** schedule further appointment with the patient.
- 4) If your patient has **INSURANCE** coverage, please specify on the form so we can assign a sooner appointment for them to see our clinical psychologist.

Other Information:

Dear Doctor,

Patients sometimes require a specific mode of therapy, which is not available, or, they may have work, family commitments which make available appointment times unsuitable. They may also be social service, work disability, or legal issues, which we may not be able to address. Importantly, we need assurance that after our initial session and/or treatment, **you will still be available for follow-up care.**

**Thank you for your referral
The Medical Clinic**