



virtual**clinic**

PsychotherapyMatters.com

Psychiatric Consultation Request

Tel: 1-800-254-1235

Fax: 647-699-9812

Our service links therapists, family physicians, and psychiatrists. Therapists charge a fee (reimbursable by insurance) for assessment. They are linked to psychiatrists who provide telepsychiatry consultations (fully covered by the OTN). **Please inform your patient that we will call them directly to schedule an appointment.**

Patient Information

Name: _____ Date of Birth: ____/____/____
(first name) (last name) yyyy mm dd
Health Card #: _____ VC: ____ Phone: _____
Address: _____ Postal Code: _____
(street number, street name, city, province)
Email Address: _____

Referring Physician

Referral from Dr. _____ MD Billing #: _____
(first name) (last name)
Fax: _____ - _____ - _____ (Please print clearly.)
 Patient's PCP OR Walk-In Patient Above agrees to provide medication management (with support)

Reasons for Referral

Medication Diagnosis Psychotherapy Other

Current Medications

Doctor/Clinic Stamp

MD Signature

Date:

Fax: 647-699-9812

Email: virtualclinic@psychotherapymatters.com

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