

## 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 have your patient reach out to us via email at <a href="help@psychotherapymatters.com">help@psychotherapymatters.com</a> to book their intake session.

Patient Information——					
Name:			Date of Birth:		//
(first name)	(last name)			ууу	y mm dd
Health Card #:	VC:		Phone:		
Address:			Postal Code: _		
,	reet number, street name, city, provin	,			
Email Address:					
Referring Physician					
Referral from Dr.	MD Billing #:				
	(first name) (last	name)		O	
Fax:	(Please print clearly.)		☐ Patient's PCP	OR	☐ Walk-In Patient
Reasons for Referral					
☐ Psychotherapy		☐ Other			
		_ 0 11101			
Mental Health History————————————————————————————————————					
Doctor/Clinic Stamp—		MD Signa	nture		
		Date:			

Fax: 647-699-9812 Email: virtualclinic@psychotherapymatters.com