



# REFERRAL FORM

## think recovery - virtual mental health service

Please fax completed forms to 855-373-1986 or send an e-consult via Brightsquid to Think Recovery

Patient Demographics		
Full Name		
Mailing Address	City	Postal Code
Phone numbers <i>(Cell and Home)</i>	Email address	
Personal Health Care Number	Date of birth <i>(yyyy-Mon-dd)</i>	Sex

Referring Physician	
Name	
Phone number	Fax number
Practitioner Identification Number	Clinic Name
<p>I understand that think recovery is a virtual clinic and thus is unable to provide in-person care. The patient I am referring is able to access services at my clinic or via their Family Physician should they require.</p>	

Services Desired	Mental Health History
Select all that apply	Select all that apply
Mental Health Webinars (no cost)	Addiction                      Binge Eating
Group Meditations (no cost)	Anxiety                              Depression
Group Therapy*	ADHD                                  PTSD
Individual Therapy*	Bipolar                                Personality d/o

Additional Comments (Specify Addiction Hx, Pertinent FMHx, Other Mental Health Dx, HPI, etc.):

Please note: For patient safety and effective care provision, Think Recovery DOES NOT accept patients with acute safety concerns, active suicidality, active psychotic disorders, or active mania. Think Recovery only provides virtual mental health services at this time for adults (age 18+). Medication prescriptions are not provided through this clinic, solely virtual therapy services are provided by licensed professionals. \* Denotes a cost associated with this specific service. Group therapy involves facilitation by a multidisciplinary team. Individual therapy involves a 3-phase multidisciplinary intake. Physician services are covered by AB Healthcare. See website for full details.