



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 (all Virtual throughout AB)	Mental Health History								
<p>Select all that apply</p> <p>Individual Therapy 1-4 session assessment phase 24 total sessions biweekly of somatic, experiential, & relational psychotherapy for improving affect regulation, attachment wounding and relationship challenges</p>	<p>Select all that apply</p> <table> <tr> <td>Addiction</td> <td>Binge Eating</td> </tr> <tr> <td>Anxiety</td> <td>Depression</td> </tr> <tr> <td>ADHD</td> <td>PTSD</td> </tr> <tr> <td>Bipolar</td> <td>Personality d/o</td> </tr> </table>	Addiction	Binge Eating	Anxiety	Depression	ADHD	PTSD	Bipolar	Personality d/o
Addiction	Binge Eating								
Anxiety	Depression								
ADHD	PTSD								
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/suicidality concerns, active substance abuse, 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. Individual therapy involves a 1-4 appointment assessment phase to determine the appropriateness of fit for our therapy services prior to commencing a treating relationship.