TORONTO PSYCHOLOGY CLINIC

Client Referral Form – fax to 416-551-2183

Thank you for referring to the Toronto Psychology Clinic (TPC). Please complete this form and fax to 416-551-2183. **Clients can expect the intake team to get in touch within 1-2 business days if all information is complete.**

Client's Information

First Name	**Last Name**	**DOB**
Phone	**Email**	**Check if TPC has permission to:** ☐ Leave voicemail? ☐ Email?

Reason for Referral (check all that apply): **Date of Referral:** _____

- ☐ Addiction/Substance Use
- ☐ Anger issues
- ☐ Anxiety
- ☐ Bipolar disorder
- ☐ Borderline personality disorder
- ☐ Body image issues
- ☐ Complex trauma / PTSD
- ☐ Depression
- ☐ OCD
- ☐ Panic attacks
- ☐ Paranoia / delusion
- ☐ Parenting issues
- ☐ Racial trauma / experiences of discrimination
- ☐ Relationship / couples issues
- ☐ Self-esteem/confidence
- ☐ Stress / burnout
- ☐ Assessment for diagnosis of DSM disorder
- ☐ Assessment for treatment planning support
- ☐ Assessment of ADHD or autism (ASD)
- ☐ Other (please specify below)

Current Medications:	
Is the referral for: ☐ **Specific therapist:** _____ ☐ **Anyone at TPC who can see client**	**Other Notes As Applicable:**

Referring Professional's Information

Name / Specialty	**Clinic Name**	**Clinic Address**
Clinic Phone	**Clinic Fax**	**Clinic Email**
Would you like our intake team to confirm when the client has been booked? ☐ Yes ☐ No	**Would you be interested in TPC to visit your clinic/organization to deliver a workshop or training related to mental health? If yes, check all that apply.** ☐ Yes: in-person ☐ Yes: virtual ☐ No	**Would you like to be notified via email of future service and team updates at TPC to stay in the loop of our current offerings?** ☐ Yes ☐ No

Toronto Psychology Clinic
2 Carlton St., Suite 1803, Toronto, ON, M5B 1J3
P: 416-551-1759 ext.2 F: 416-551-2183 E: intake@torontopsychology.com
Website: www.torontopsychology.com