

CBT Referral Form

205 – 460 Springbank Dr., London ON N6J 0A8 Phone: 519 472-6612 **Fax: 519 472-3489** info@archways.ca www.archways.ca

Archways Centre for CBT is a private, fee-for-service psychological clinic offering cognitive-behavioural therapies. Services are not covered by OHIP, though many patients have coverage through extended health plans (usually through their workplace or school). Your patient will be assigned the earliest available clinician with expertise in the problem area unless a preference is expressed below.

	Patient Ir	nformation (plea	ase complete or use	e stamp)	
Name:					
Birth Date:					
OHIP Number:					
Date of Referral:					
		Reason f	or Referral:		
		ricusori i	or receival.		
		C	**************************************		
		Current Med	ications, if any:	_	
Name				Dose	
Ref	erring Physic	rian/Professiona	al (please complete	or use stamn).	
Name:	2111118 1 117310		in (piedae compiete	or use stampy.	
Telephone:					
Address:					
Signed:					