Connect & Thrive PSYCHOLOGY

Referral Form

Thank you for entrusting our practice with your patient's care. Referral requests are processed within two business days. Once received, our Client Care Coordinator will contact the prospective client directly to schedule an initial phone consultation. During this call, the prospective client will be provided with a chance to describe their concerns or needs, and to ask any questions they may have about our practice. Our Client Care Coordinator will then provide information about our services, and how we might approach their care. If there is mutual agreement that our practice is well suited to assist them, an initial session will be booked with one of our therapists, or the client will be added to our waitlist. With the client's permission, we will forward you a note to confirm the outcome of the consultation call and to keep you informed of the client's progress in therapy, as appropriate. We look forward to collaborating with you in support of this client.

Kindly complete the fields below.

Referring professional's information

Name of Referring Professional: _____
Credentials: _____
Name of Clinic or Organization: _____
Address: _____
Phone Number: _____
Fax Number: _____
Relationship to Client: _____

Prospective client's information

Full Name: _____
Date of Birth (dd/mmm/yyyy): _____
Phone Number: _____
Email Address: _____
Kindly confirm that the client has consented to being contacted by a member of our practice using the following means (select all that apply): ☐ By phone ☐ By Email

Referral information

Referral Date (dd/mmm/yyyy): _____
Reason for Referral: _____

Current Medications and Dose: _____

Kindly forward this form to Connect and Thrive Psychology, by fax at 647-345-8264 or by email at referral@connectandthrive.com