



Referral Form

Blue Sky Psychotherapy & Counselling is a private fee-for-service provider offering one-to-one cognitive behaviour therapy. Services are not funded through the provincial healthcare system, though many patients have coverage for our services through their workplace or extended health plan/private insurance.

Date of Referral: _____

Patient Name: Mr. / Ms. _____

Birth Date: _____

Address: _____

Patient Telephone: _____

Reason for Referral/Presenting Problem: _____

Current Medications, if any: _____

Referring Physician/Professional (please complete or use stamp):

Telephone:

Address:

Signed: _____

Many thanks for your referral.