



SERVICE PROVIDER REFERRAL REQUEST FORM

REFERRER'S INFORMATION:  GP  Psychiatrist  Other (specify): \_\_\_\_\_

Referrer's Name: \_\_\_\_\_ Agency / Organization: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

PATIENT'S INFORMATION: (Is patient aware of this referral?  Yes  No)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Gender:  Male  Female

Home #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Language:  English  Mandarin  Cantonese  Vietnamese  Other: \_\_\_\_\_

Reason for Referral:  Depression (Mild/Moderate)  Anxiety (General/Social/Phobia)  PTSD  OCD

Disability and Special Needs (  Case Management  Parenting Skills )

Other: \_\_\_\_\_ Active Prescription(s): \_\_\_\_\_

NOTE TO REFERRER

Fax or e-mail completed referral form to 416-979-2743 or [info@cfsocare.ca](mailto:info@cfsocare.ca) for counselling at Community Family Services of Ontario. For psychotherapy, only patients with **common, mild-to-moderate mental health issues, who are following all required clinical management** will benefit from our services.

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE TO PATIENT: Consent to Contact

By providing my personal information, I, \_\_\_\_\_ (patient's name) voluntarily consent and authorize **Community Family Services of Ontario (CFSO)** to contact me by phone or email. If Community Family Services of Ontario is unable to reach me after 3 attempts within 1 month, this form would be destroyed and I would need to contact the CFSO myself if I require services from them.

I would like the Community Family Services of Ontario (CFSO) to contact me by (select all that apply):

Home Phone Leave voice message:  Yes  No

Mobile / Work Phone Leave voice message:  Yes  No

E-mail Address: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CFSO OFFICE USE ONLY  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Result:  Eligible  Ineligible  Immediate Assignment  Inquiry Only  Patient Declined Service  Patient Unreachable  
 Other: \_\_\_\_\_