Centre for Neuropsychology and Emotional Wellness

Address: 3 Centre Street, Suite 201 Markham, ON L3P 3P9 Website: www.cnew.ca
Telephone: (905) 686-8110 Fax: (888) 540-8831 Email: info@cnew.ca

Psychiatrist Referral Form

Client/Patient Information

Last name: _____
First name: _____
Date of birth (yyyy/mm/dd): _____
Date of referral (yyyy/mm/dd): _____
Patient gender: _____
Health card number + version code: _____
Expiry date (yyyy/mm/dd): _____

Client/Patient contact information

Parent/guardian name: _____
Contact number: _____
Address: _____
Email: _____

If you are able to advise, please confirm if confidential messages can be left at the numbers provided above:

☐Yes ☐No

Reason for referral:	
☐ Diagnostic Assessment	☐ Diagnostic Clarification
☐ Treatment Recommendations	☐ Ongoing Psychiatric care
☐ Medication Review/Management	☐ Other:

Please indicate all medication(s) patient is currently taking.			
Medication name:	Dose/Frequency:	Duration:	Response:

If there are additional medications, please attach list with this referral.

Centre for Neuropsychology and Emotional Wellness

Safety/Risk Concerns:	
☐ Suicidal ideation	☐ Self-harm
☐ Aggression/violence risk	☐ None reported

Referring source information – to be completed by physician:

Last name: _____
First name: _____
OHIP billing number: _____
Practice/Clinic name: _____
Address: _____
Telephone number: _____
Fax number: _____

Stamp and/or signature:

Please fax completed referral to:
Dr. Sinthu Sunthar
Centre for Neuropsychology and Emotional Wellness
Fax #: 888-540-8831