

Dr. Alice Chen Kathy Lam, RSW, RP Dr. Man-Hon Chu Pui Yan (Pauline) Lam, RP Dr. Yi Min (Susana) Huang Cassandra Lui, RP Dr. Kevin Lam Patrick Tsang, RSW, RP Dr. Armaghan Nematullah Caleb Tse, RP (Qualifying) Dr. Tat-Kwan Wong Dr. Tat-Ying Wong

Dr. Danny S.C. Yeung

2830 Keele Street, Suite 402 Toronto, ON M3M 3E5

T: (416) 633-7337 F: (416) 633-8099 patientcare@gracehealthcentre.ca therapy@gracehealthcentre.ca www.gracehealthcentre.ca

Referral for Psychotherapy from Referring Family Physician

Date of Referral:

Name of referring physician: _____

Referring physician billing number: _____

Referring physician email: _____

Referring physician fax number: _____

Referring physician clinic website (if any): _____

Consultant's name: Dr. Alice Chen, Family Physician with Focused Practice in Psychotherapy (Please send this Referral to: <u>therapy@gracehealthcentre.ca</u> or fax to 416-633-8099)

Patient name: _____

OHIP #: _____

Reason for referral: To enable ______, in accordance with the Schedule of Benefits, to receive ongoing medically necessary comprehensive virtual care services for relational and emotional distress for an additional 24 months.

Please check the following:

- \square I have seen this patient for an in person visit in the past 24 months
- \Box This patient is rostered to me
- □ I have not seen this patient for an in-person visit in the past 24 months and need to see this patient for an in-person visit before I can complete the referral



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Additional notes on this patient:

Sincerely,

Dr.