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REFERRAL FORM

Perspectives Clinic is a private clinical and health psychology practice. Psychology services include assessment and individual Cognitive Behaviour Therapy for adults to facilitate adjustment to physical health issues (e.g., heart disease, chronic pain, etc), and to improve management of emotional concerns such as stress, depression, and anxiety.

Date: _____

Patient Name (Last, First): _____

Patient Gender: M / F Date of Birth: (MM/DD/YY) _____

Patient Telephone: _____

Patient Address: _____

Referral Reason:

Current Medications: _____

Comments: _____

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

Name:

Telephone:

Address:

Signature:

Thank you for your referral.