



If you have any questions about the referral process, please call us at **(905) 802 - 8006** or email us at **info@limacounselling.com**

Referral Form for Providers

- Please ensure your **patient is aware that the referral is being made.**
- Please FAX the completed Referral Form to **(289) 714 - 2656**
- Our Treatment Coordinator **will contact your patient by phone within 24 hours** after the referral has been received and send a follow-up email. Our office will provide you with an update via fax once the patient has a scheduled appointment or if the patient cannot be reached.

PATIENT INFORMATION		
Date of Referral:	Full Name:	
Reason for Referral:		
Date of Birth:	Telephone:	Email:
REFERRING PROVIDER INFORMATION		
Name of Referring Provider:		
Clinic Address:		
Telephone:	Fax:	Email: