



## Dr. Amy Andrews-Alexander

A. Andrews-Alexander Medicine Professional Corporation  
A. Andrews-Alexander MD, MHSc, CCFP  
Diplomate - CAPM

### Referral Form – New Patients

Please fax to: 647.776.7779

Date: \_\_\_\_\_

#### I) Referring Physician Information:

Name: \_\_\_\_\_ Billing No. \_\_\_\_\_

Telephone: \_\_\_\_\_ x \_\_\_\_\_ Fax: \_\_\_\_\_

Family Physician (if different from referring physician): \_\_\_\_\_

Family Physician fax: \_\_\_\_\_

#### II) Patient Information:

FIRST name: \_\_\_\_\_ LAST name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB (YY/MM/DD): \_\_\_\_\_ Marital Status: \_\_\_\_\_

OHIP No: \_\_\_\_\_ Version Code: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

III) **Group Service(s) Requested: (please circle one or more)**

- a) Vital Recovery: Mindful Medicine for Cancer or Major Illness (10 weeks)
- b) Living with Ease: Mindful Medicine for Chronic Pain (10 weeks)
- c) CBT-I: Cognitive Behavioural Therapy for Insomnia (5 weeks)
- d) Thrive! Burnout Recovery for Helping Professions (4 weeks sampler)

IV) **Psychiatric History:**

---

---

---

---

V) **Relevant Past Medical History:**

---

---

---

VI) **Current Medication(s) & Dose(s) (or provide on separate sheet):**

---

---

---

**Please ensure that your patients are aware that:**

- This is a **group program**, covered by OHIP for all attended sessions;
- Mind Body Medicine is a service that requires their *active* involvement and a *commitment* to daily, prescribed cognitive, behavioural, physical and/or nutritional practices; and,
- Before the group begins, a *fully refundable deposit* is required to secure their spot in the group.

Please have patients go to [www.dramyalexander.com/current-groups](http://www.dramyalexander.com/current-groups) for more information on course dates, times and descriptions.

**Clinician's Signature:** \_\_\_\_\_