

Attention to: Dora Zalai

Fax: 647 427 4928

Phone: 647 479 2156

website: http://www.sleepontario.com/services_psychotherapy.php

PSYCHOLOGY REFERRAL FORM

Patient/Client information:

Name:

Phone number:

E-mail:

Referred by:

Name:

Institution:

Phone:

E-mail:

Referred for:

- Mental Health Assessment
- Cognitive Behavioural Therapy for Insomnia
- Depression Treatment
- Anxiety Treatment (all anxiety disorders, incl. claustrophobia associated with CPAP use)
- Fatigue Management
- Nightmare treatment
- Actigraphy (prospective sleep monitoring)
- Circadian sleep disorder assessment package (including sleep diary, actigraphy, & melatonin assessment and interpretation)
- Circadian sleep disorder treatment
- Mindfulness group
- Home sleep recording (home polysomnography)
- Other (please specify)