



Referral Form

Thank you for your referral. MentalOptimist provides and develops a care plan including assessment and treatment as appropriate for your patients. For questions, please call 1-437-421-4404 from 9:00am - 7:00pm, Monday to Saturday.

Please print or complete electronically and fax to 1-647-480-0980 or email to Mentaloptimist@gmail.com

Date of Referral:

Client Information		
Client Full Name	Client Date of Birth	
Mailing Address		
<input type="checkbox"/> The patient or lawfully authorized substitute decision-maker has consented to this referral		
Client Contact Information		
Cell Phone	Home Phone	
Can we leave a voicemail message?	Yes	No
Email Address		
Can we communicate with you via email?	Yes	No
Does the Client Require a Translator?	Yes	No
If yes, language		
Insurance Company Information		
Insurance Company Name		
City or Town of Branch Office (if applicable)		
Claim Number	Policy Number	
Adjuster Name		
Adjuster Telephone	Extension	Adjuster Fax
Policy Holder Name		

Extended Health Care Benefits

*Please note, extended health care benefits must be exhausted prior to having access to the client's auto insurance accident benefits.

Company

Coverage Amount for Psychological Services

Policy Holder Name

Referral Information

Referring Organization

Law Firm

Physical Rehab Clinic

Physician

Other Health professionals

Address

Signature

Date