FIRST STEP
MEN'S THERAPY

First Step Men's Therapy
Virtual Address:
Suite 1210, 4936 Yonge Street
Toronto, ON M2N 6S3
Phone: (289) 216-5075
Fax: (289) 721-2018
Email: info@firststepmenstherapy.com

Physician Referral Form

Please fax referrals to: (289) 721-2018

Patient Information:

Name _____

Phone _____ Email _____

Address _____

DOB (M/D/Y) _____ Gender _____

Preferred Method of contact: ☐ Phone ☐ Email

Referring Physician Information:

Name _____ CPSO # _____

Phone _____ Fax _____

Clinic Address _____

Please select from the following options. The patient is presenting issue(s) of:

☐ Anxiety ☐ Depression ☐ Chronic Pain ☐ Insomnia ☐ Addiction ☐ Grief

☐ Stress ☐ Burnout ☐ Sexual Issues (ED) ☐ Other

Additional information:

Progress report, with patients consent after:

☐ Three Months ☐ Six Months ☐ Upon Request

Physician Signature: _____ Date: _____