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: _____