

THE CHRISTIE CLINIC

Suite B101, 726 Bloor Street West, Toronto, ON M6G 4A1

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<https://www.thechristieclinic.ca/>

Referral Form: Introductory Mindfulness Program

This form is optional—we also accept referrals from your EMR

Fax: 647-350-5446 – Attn Dr. Susitna Banerjee

PATIENT DEMOGRAPHICS:

Patient Name (Last, First) _____ Date of Birth (mm/dd/yyyy): _____

Address: _____ Phone: _____

Email address: _____ Health Card (incl VC): _____

REASON FOR REFERRAL (must check both):

- ☐ For participation in virtual group mindfulness program (1 hour/week x 5 weeks, delivered online virtually)
- ☐ Patient meets criteria (reviewed inclusion/exclusion criteria below)

Relevant Clinical Info (include past medical history and medications or attach CPP):

☐ See CPP attached

Inclusion Criteria	Exclusion Criteria
<p>Patient age 18+, has OHIP, and a family physician</p> <p>Low-risk patients seeking help with one or more of:</p> <ul style="list-style-type: none">- Stress Management (<i>no diagnosis needed</i>)- Mild depression, anxiety- Mild sleep disturbance, insomnia- Chronic pain or ongoing physical symptoms <p>Ex. (IBS, psoriasis, migraines, etc.)</p> <p>Patient able and willing to:</p> <ul style="list-style-type: none">- Attend all sessions virtually in Ontario (5 weeks, 1 hr/week)- Meditate for 10 min daily, keep a log, do readings	<p>Suicidal ideations or related hospital visit in last 12 months</p> <p>Moderate to severe depression, anxiety, or social anxiety</p> <p>Alcohol and/or substance use disorder</p> <p>Bipolar Disorder, mania</p> <p>Schizophrenia, psychosis</p> <p>Active PTSD, OCD, or eating disorder</p> <p>Personality Disorders</p> <p>Neurological impairment (e.g. brain injury with sequelae, cognitive impairment, uncontrolled seizures)</p> <p>Unable to tolerate intense emotions like sadness, anxiety, or anger</p>

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____ Phone #: _____ Fax #: _____

OHIP Billing #: _____ Signature: _____ Date: _____

Family Physician Name: _____ ☐ Same as referring physician

Thank you for your referral! We will contact the patient directly to book. We will send communications to your office once the patient has been accepted to and completed the program.