



## Women's Wellness Services Referral

Questions: Please call Jennifer Muir MSW RSW 905-472-7000 ext 6357

Please email referral to: [womenswellness@msh.on.ca](mailto:womenswellness@msh.on.ca)

Name		DOB	Age	Date of Referral
Address		Heath Card #		Version Code
Home phone ( )		Business/Mobile phone ( )		
<b>Self-referral</b>	Name		Phone ( )	
<b>Physician referral</b>	Name		Phone ( )	
<b>Other Professional Referral</b>	Name		Phone ( )	
<b>Reason for Referral</b>				
<b>Diagnosis</b>				
<b>Current Medication(s)</b>				
<b>Referral for</b>	<p>Please specify group(s):</p> <p><input type="checkbox"/> Interpersonal Psychotherapy Group for Women (IPT-W)</p> <p><input type="checkbox"/> Mindfulness Based Stress Reduction for Women (MBSR-W)</p> <p><input type="checkbox"/> Art Therapy Group for Women (AT-W)</p> <p><input type="checkbox"/> Postpartum CBT Group for Women (PPCBT)</p> <p><input type="checkbox"/> Antenatal CBT Group for Women (ANCBT)</p>			

