



REFERRALS FROM PHYSICIANS

Phone: 905-425-9525
Email: info@wondertreepractice.ca
Secure Fax: 437-900-7263
Website: www.wondertreepractice.ca

Note: A doctor's referral and/or letter is not required for patients to access services at WonderTree. This form should only be completed and submitted with the consent of the youth and/or parent/guardian.

IMPORTANT- CHECK HERE IF YOUTH PROVIDED CONSENT TO REFERRAL AND WOULD LIKE SUPPORT TO REMAIN CONFIDENTIAL FROM CAREGIVERS

REFERRAL SOURCE

Name of Referring Physician/Professional:

Referring Agency/Clinic:

Referral Email Address:

Referral Phone Number:

Referral Fax Number:

PATIENT INFORMATION

Name of youth requiring services:

If patient is <18 years old, please indicate parent's full name:

Patient's Date of Birth:

Phone number (or parent/legal guardian's number if client is <18 years old):

Email address (or parent/legal guardian's email if client is <18 years old):

TYPE OF SERVICE REQUIRED (CHECK ALL THAT APPLY)

- Child and Adolescent or Family Therapy (individual, group, family)
- Psychological Assessment
- Parent Coaching/Therapy
- Life Skills Training
- Nurse Practitioner Support (medication management for ADHD or mental health))
- Speech and Language Therapy
- Occupational Therapy
- Executive Functioning Coaching
- Targeted Academic Supports (specialized tutoring)
- Educational Consulting



Please provide a brief history or reason for referral. Please identify primary concerns and diagnoses and comorbidities/ co-factors (if applicable):

Are there current court/medical legal and/or custody matters that you are aware of?

Does the client need an interpreter? If yes, what language?

Who has the authority to consent to treatment or assessment for this referral?

Please attach any relevant information (e.g., Past Medical History, Medication list/Allergies, Test results (e.g., MMSE, imaging results), and/or relevant consultation reports from other professionals).

Referrals can be emailed to info@wondertreeppractice.ca or faxed to #437-900-7263

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Thank you for your referral

