

Dig a Little Deeper

PSYCHOTHERAPY
& COUNSELLING

Mental health for every mind.

Main: 6 Queen St. N. Suite 203
Bolton, ON L7E 1C8

Confidential Intake 905-584-8963
admin@digalittledeeper.ca

Psychotherapy, Counselling, Mental Health
NP-led Assessment & Treatment Clinic

New Patient Referral Form

Patient First & Last Name: Pronouns:	Gender: ☐ Male ☐ Female ☐ Trans ☐ Intersex ☐ Prefer not to answer
Street address: 	City & Postal Code:
Email (for consent form): 	Is it okay to communicate via email? ☐ Yes ☐ No
Phone number: Is it ok to leave a voicemail from "Dig a Little Deeper"? ☐ Yes ☐ No	Age:
Type of service referral is for: ☐ Individual adult ☐ Child therapy ☐ ADHD therapy or coaching ☐ Family or Parent Coaching ☐ Couple ☐ Mental health assessment in NP-led clinic	Referred by:
Does patient have private insurance? (i.e., benefits through an employer)? ☐ Yes ☐ No	** Psychotherapists are <u>not</u> covered by OHIP. Please have your patient see https://digalittledeeper.ca/book-online to learn more.

Description of presenting problem:

What is the nature of the problem?

How long has this been a problem?

Is the patient currently also seeking treatment from a psychiatrist or other mental health service?

Yes ☐ No ☐

If yes, please provide name(s) of other care team clinician's:

Does the patient's current health or medical conditions require prescription medication:

Yes ☐ No ☐

If yes, please list names and dose:

Relevant medical / developmental history (e.g., learning disabilities, endocrine, neurological neurodevelopmental/neurodivergent diagnosis, allergies, significant medical history or medical trauma, substance use disorders):

Safety concerns?

Please describe:

Please email completed form to: Admin@DigALittleDeeper.ca, or fax to: (833) 479-0186.

Therapist preference (if any):

Office Use Only:

Referral received date and time:

Electronic Consent form sent: ☐ No ☐ Yes

Other referrals made:

Date Referral received: