Canadian Centre for CBT
Tel: 647-366-8315
Fax: 416-298-6900
Email: admin@canadiancbt.com
Web: www.canadiancbt.com

Operational Stress Injury Service (OSIS)
Referral Form

OSIS Fax Cover Sheet

Date of referral (dd/mm/yyyy):	
Number of pages in fax:	
Client Name:	
Referred by:	
Referral source telephone number:	
Referral source fax number:	

***Please ensure that you have received written or verbal consent from the client to send their referral documents to the Canadian Centre for Cognitive Behavioural Therapy**

**Should you have any questions regarding this referral form you can email Dr. Amanda Shamblaw at a.shamblaw@canadiancbt.com or call the clinic at 647-366-8315

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Operational Stress Injury Service (OSIS) Referral Form

Client name (First, Middle, Last): _____

Client preferred name: _____

Client date of birth (mm/dd/yyyy): _____

VAC/ RCMP Number (if applicable): _____

Mailing address: _____

Email Address: _____

Telephone Number: _____

Is it OK to leave a message? ☐ Yes ☐ No

Family doctor: _____

Reason for referral (please check all that apply):

- ☐ Assessment for Disability and Treatment
- ☐ Re-assessment for Disability and Treatment
- ☐ Treatment
- ☐ Other: _____

Presenting concerns:

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Please list additional documents included in referral, including any previous psychological reports:

Additional comments (including safety concerns, preference of therapist gender, etc.):

Please fax the completed referral form to 416-298-6900