

CBT and Mindfulness Groups - Referral Form

Dr. Neil Levitsky

Please fax to: 416-515-0241

Referral for: ___ CBT Depression group
 ___ CBT Anxiety disorders group
 ___ MBCT group (Mindfulness Based Cognitive Therapy)
 ___ CBTi group for insomnia

Note:

The in person groups are held at 2 Champagne drive (Dufferin and Finch), North York

Current group times:

CBT Depression group: Fridays 10:00-11:45 am (10 weeks, in person)

CBT Anxiety group: Fridays 1:00-2:45 pm (10 weeks, in person)

CBTi for insomnia: Wednesdays 4:00-5:15 pm (6 weeks, on Zoom)

MBCT (mindfulness group): Thursdays 4:00-6:15 pm (8 weeks, on Zoom)

Patient Information:

Name: _____

OHIP #: _____ VC: _____

Birthdate: D ___ M ___ Y _____

Address: _____

Gender: M ___ F ___ Other _____

Phone: home _____

work _____

cell _____

Email: _____

Referring Physician Information:

Physician name: _____

MD billing #: _____

Address: _____

City and postal code: _____

Phone: _____

Fax: _____

Email: _____

Patient History:

Diagnosis/Problems: _____

Medications: _____

Physician's signature: _____ Date: _____