

THE VIRTUAL PSYCHIATRISTS

675 UPPER JAMES ST , HAMILTON , ON , L9C 2Z5

Phone: 905-768-4400, Fax: 905-575-0760

Referral Form- SHORT WAIT TIMES !!

Patient name : _____

Date of Birth : _____

Home phone : _____

Mobile phone: _____

Health card #: _____

Version Code: _____

General Psychiatry

Child Psychiatry

Geriatric Psychiatry

Reason for Referral (**required**):

Name of Referring MD: _____

Signature of Referring MD: _____

Referring MD PHONE: _____

Referring MD FAX: _____

Referring MD billing #: _____

Date of Referral: _____

PLEASE FAX REFERRAL TO **905-575-0760**

WE WILL CONTACT PATIENT WITH APPOINTMENT TIME