

REFERRAL FORM

(Fax to: (902) 201-8327)

Full Name: <hr/> Health #: <hr/>	Age: _____ DOB: ____/____/____ <div style="text-align: center; font-size: small;">Year Month Day</div>	Category: <input type="checkbox"/> Adult <input type="checkbox"/> Adolescent <input type="checkbox"/> Child
Mailing Address:		
Preferred Phone #: <hr/> Permission to leave message: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address: 	
Type of Service Requested (Need to select at least one)		
<u>Occupational Therapy</u> <input type="checkbox"/> OT for Kids <input type="checkbox"/> OT for Adults <input type="checkbox"/> OT for Veterans/First Responders	<u>Counselling Services</u> <input type="checkbox"/> Counselling for Kids <input type="checkbox"/> Counselling for Adults <input type="checkbox"/> Counselling for Veterans/First Responders	
Reason for Referral:		
Please Note: We are a private practice clinic. Please view the Rates & Policies on our website for details. www.stratfordot.com/rates-policies		
Please indicate planned method of payment for services:		
Date:	Signature:	
Assigned To:		

HUMMINGBIRDS ARE ABOUT ENJOYMENT OF LIFE AND LIGHTNESS OF BEING.
 THEY SYMBOLIZE ADAPTABILITY AND RESILIENCE. THE QUALITY OF BEING
 PRESENT, INDEPENDENCE, PLAYFULNESS AND JOY IN OUR DAILY LIVES.