



CANADA ONLINE THERAPY

Referral Form: Canada Online Therapy

[www.canadaonlinetherapy.com](http://www.canadaonlinetherapy.com)

**Doctor who is Referring their patient:**

Name	
Practice Name	
Email	
Phone number	

**Patient who is being Referred:**

Name	
Email	
Phone number	

<b>Reason for Referral</b>

**Date & Signature:**

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Please send any additional information or patient files to [lee@canadaonlinetherapy.com](mailto:lee@canadaonlinetherapy.com)

Lee Park, RCT 25-002, MA, BHons  
Founder, [Canada Online Therapy](http://Canada Online Therapy)  
CCPA #11242116

We bring 15 years of experience in providing insurance-covered counselling and psychotherapy for issues not exclusive to Anxiety, Depression, Trauma, PTSD, Chronic Pain, Grief, Burnout, Life Transitions for Children, Adults, Couples, Families and Groups.