



# Referral Form for Psychotherapy by Workhorse Health

\* Date:

Help your patient **identify and overcome** barriers to success at work and home. Common presenting concerns include:

- Anxiety
- Depression
- Trauma
- Relationship issues

Our team is also available to you for **consultation and support** at +1-647-905-5080 or [contact@workhorsehealth.com](mailto:contact@workhorsehealth.com).

■ RPs: \$220/clinical hour +HST

### Fees

■ RSWs: \$250/clinical hour

### Patient Information

\*Name:

\*Date of Birth:  \*Telephone Number:

\*Email Address:

\*Reason for Referral:

Current Rx:

Current Dx:

PHQ-9 Score (if applicable):  GAD-7 Score (if applicable):

### Clinic/Office Information

Phone:  Fax:

\*Referring Practitioner:

\*Signature: \_\_\_\_\_

Clinic/ Office Name:  Address:

Please send by fax or secure email to Workhorse Health Inc. Ontario Office and our team will contact your patient in 1 business day.

**ATTENTION: Clinical Coordination Team**

**FAX #: +1-647-557-7881**

### WORKHORSE HEALTH INC.

#### Mailing Address:

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