

Vancouver CBT Centre
Suite 302-1765 West 8th Avenue,
Vancouver, BC, V6J 5C6

Phone: (604) 738-7337, Fax: (604) 738-7339

Email: info@vancouvercbt.ca

www.vancouvercbt.ca

Referral Form

The Vancouver CBT Centre is a private fee-for-service psychological clinic offering cognitive-behaviour therapy (CBT) in individual format. We specialize in the treatment of anxiety and mood disorders. Our services are not funded by the provincial health care system, although psychological services are often covered through extended health care plans.

Date of Referral: _____

Patient Name: _____ D.O.B.: _____

Patient Contact Information (phone and/or email): _____

Reason for Referral: _____

Current Medications, if any: _____

Please list the name of the therapist you are referring to, or indicate a preference for earliest availability. Please note that clients can choose to see a *doctoral practicum student for a reduced fee*.

Therapist name: _____

OR earliest available therapist: _____ OR doctoral practicum student: _____

Referring Physician/Professional: _____

Address: _____

Phone number: _____

Signature: _____

Thank you for your referral.