



• CHILD, ADOLESCENT, & FAMILY PRACTICE •

## REFERRALS FROM PHYSICIANS + PROFESSIONALS

Phone: 905-425-9525  
Email: info@wondertreepractice.ca  
Secure Fax: 1-437-900-7263  
Website: www.wondertreepractice.ca

**Note:** A referral and/or letter is not required for patients to access services at WonderTree. This form should only be completed and submitted with the consent of the youth and/or parent/guardian.

IMPORTANT- CHECK HERE IF YOUTH PROVIDED CONSENT TO REFERRAL AND WOULD LIKE SUPPORT TO REMAIN CONFIDENTIAL FROM CAREGIVERS

### REFERRAL SOURCE

Name of Referring Physician: \_\_\_\_\_

Referring Agency/Clinic: \_\_\_\_\_

Referral Email Address: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_

Referral Fax Number: \_\_\_\_\_

### PATIENT INFORMATION

Name of youth requiring services: \_\_\_\_\_

If patient is <18 years old, please indicate parent's full name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Phone number(or parents number if client is <18 years old): \_\_\_\_\_

Email address (or parents email if client is <18 years old): \_\_\_\_\_

### TYPE OF SERVICE REQUIRED (CHECK ALL THAT APPLY)

- Child and Adolescent or Family Therapy (individual, group, family)
- Psychological Assessment (autism, school readiness, mental health)
- Parent Coaching/Therapy
- Life Skills Training
- Nurse Practitioner Support (medication management for ADHD)
- Speech and Language Therapy
- Occupational Therapy
- Executive Functioning Coaching
- Targeted Academic Supports (specialized tutoring)
- Educational Consulting



Please provide a brief history or reason for referral. Please identify primary concerns and comorbidities/ co-factors (if applicable): \_\_\_\_\_

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Are there current court/ medical legal and/or custody matters that you are aware of?

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Does the client need an interpreter? If yes, what language? \_\_\_\_\_

Please attach any relevant information (e.g., Past Medical History, Medication list/Allergies, Test results (e.g., MMSE, imaging results), and/or relevant consultation reports).

Referrals can be emailed to [info@wondertreeppractice.ca](mailto:info@wondertreeppractice.ca) or faxed to #1-437-900-7263

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Thank you for your referral

