

Elizabeth Parsons MD CCFP

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Date of referral:

Name of referring physician/nurse practitioner:

Referring clinician's OHIP billing number:

Patient name:

Date of birth:

OHIP #:

Contact information (phone or email):

Reason for referral: for consideration for

() Internal Family Systems therapy group.

() Mindful Self-compassion group

Additional notes on this patient:

***Please note that Dr. Parsons has a focused practice in psychotherapy so physicians in FHOs etc will not have billings negated.