



**Please indicate the patient's preferred location:**

**In person**  
Brampton  
Mississauga

**Online**

<https://omfamilytherapy.janeapp.com/>

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### REFERRAL FORM

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Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Insurance provider: \_\_\_\_\_

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### Psychotherapy and Relationship Counselling for Mood and Anxiety Disorders

**Radhika Sundar R.P., R.M.F.T-SQ**

- Individual psychotherapy (Supportive, Cognitive Behavioral, emotionally focused, Dialectical Behavioral, Brief Psychodynamic)
- Couples Counselling and Marriage Therapy
- Family Therapy
- Trauma and PTSD
- Mindfulness as alternative to Medication

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Reasons for Referral (required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physician: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Signature of the Referring MD: \_\_\_\_\_

Status: Urgent/Non-urgent

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**For further details visit**  
**[www.omfamilytherapy.com](http://www.omfamilytherapy.com)**

**<https://omfamilytherapy.janeapp.com/>**