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London, ON: #105 -100 Collip Circle, N6G 4X8 - Vaughan, ON #316-1600 Steeles Ave W, L4K 4M2

info@newtrackselfcare.com

Patient Information

Last Name: _____

First Name: _____

Address: _____

Gender: _____

DOB (dd/mm/yy): _____

Primary Phone: _____

Email: _____

Health Card #: _____

Referring Physician / Clinic Information

Clinic Name: _____

Office Phone: _____

Office Fax: _____

Referring Physician: _____

Signature: _____

Date: _____

Service Offerings included in the referral:

- ☐ Initial Consultation
- ☐ Ketamine-Assisted Therapy
- ☐ Repetitive Transcranial Magnetic Stimulation
- ☐ Special Access Program
 - ☐ Psilocybin-Assisted Therapy
 - ☐ MDMA-Assisted Therapy

Diagnosis:

- ☐ MDD
- ☐ PTSD
- ☐ cPTSD
- ☐ OCD
- ☐ Addiction
- ☐ Bipolar Affective Disorder

Other: _____

Other: _____

Clinical Information:

Height (cm): _____

Weight (kg): _____

Blood Pressure: _____

BMI: _____

Heart Rate: _____

Reason for Referral or Diagnosis:

Other Specialists Involved in Care:

Relevant Past (Medical History):

Our clinical team will assess if the service offering(s) are a safe treatment option for your patient. We reserve the right to refuse treatment to anyone we deem not eligible due to medical or mental health reasons, of which we will communicate to you. If you have any further questions or concerns, please don't hesitate to reach out!