



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

7070 McLaughlin Rd –Unit F1 Mississauga Ontario L5W 1W7  
Tel: 905-795-2873 fax 905-795-9114

Online Therapy  
[Radhika@omfamilytherapy.com](mailto:Radhika@omfamilytherapy.com)  
Tel:365-788-3877

9-Milckeek Dr, Mississauga On L5N 3E7

---

**REFERRAL FORM**

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

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

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

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

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

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

---

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

Radhika Sundar M.A(Psy), R.P., R.M.F.T.

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

---

**Reasons for Referral (required):**

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

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

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

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

Status: Urgent/Non-urgent

---

**Our office will contact the patient to make an appointment date**

[www.omfamilytherapy.com](http://www.omfamilytherapy.com)

Tel:365-788-3877