



# REFERRAL FORM – Adult ADHD Assessment

for British Columbia, New Brunswick and Ontario.

(MSP, Medicare and OHIP only)

Please fill out the below information and send by fax: 604-525-8124 or email ADHD@adultadhdcentre.com. The Adult ADHD Centre will contact the patient directly to set up an appointment. A consult report will be sent back to the referring healthcare provider.

Select Public Health Coverage: MSP  Medicare  OHIP

### Referring Physician or Nurse Practitioner:

First Name		Last Name	
MSP/Medicare/OHIP Billing #		Office Phone	
Email		Office Fax	
Clinic Address	Street:	City:	Province:

### Patient Information:

First Name		Last Name	
Preferred Name		Gender	
Pronouns		DOB (mm/dd/yy)	
Personal Health #		Email	
Home Phone		Cell	
Street Address		Unit	
City		Province	
Postal Code			

### ANY RELEVANT PATIENT INFORMATION (Symptoms, Function, Challenges & Medication)

Current Medications:

Symptoms: