Trauma Care Psychology

Trauma-Informed | Culturally Sensitive | IFHP Registered Provider

www.traumacarepsychology.ca | admin@traumacarepsychology.ca | (647) 456-7500

IFHP GP Referral Form

Interim Federal Health Program

Ontario, Canada

Please complete all sections. A signed GP referral must be on file before the first appointment. Email to admin@traumacarepsychology.ca or call (647) 456-7500. Trauma Care Psychology is happy to provide documentation for legal cases — please indicate below.

SECTION 1 — CLIENT INFORMATION

Last Name | First Name | Date of Birth (YYYY-MM-DD)

Gender Identity | Home Address (Street, City, Province, Postal Code)

Phone | IFHP Certificate # | Certificate Expiry | Preferred Language / Interpreter Needed?

SECTION 2 — CLINICAL REFERRAL INFORMATION

Date of Referral (YYYY-MM-DD) | Urgency (Routine / Urgent / Crisis)

Requested Services

☐ Individual Therapy ☐ Couples Therapy ☐ Psychological Assessment ☐ Other (specify below)

Reason for Referral / Clinical Summary

Relevant Diagnoses / Conditions (check all that apply)

☐ PTSD ☐ Complex Trauma ☐ Depression ☐ Anxiety ☐ Grief/Loss ☐ Adjustment Disorder ☐ Somatic Sx

☐ Substance Use ☐ OCD ☐ Panic Disorder ☐ Domestic Violence ☐ Torture Survivor ☐ Refugee Trauma ☐ Other

Safety | Current Medications

☐ SI/HI (current) ☐ SI/HI (history) ☐ Self-Harm (current) ☐ Self-Harm (history) ☐ No medications ☐ Psychiatric medications ☐ Medical medications

Additional History / Notes (include legal documentation needs if applicable)

SECTION 3 — REFERRING PHYSICIAN INFORMATION

Physician Last Name | Physician First Name | Clinic / Hospital Name

CPSO # | Phone | Fax

Physician Signature | Date Signed (YYYY-MM-DD)