



**Adult Mental Health Outpatient Program
MINDFULNESS FOR MEDICAL
CONDITIONS
REFERRAL FORM**

Patient LABEL / Identification Area/MRN

This is an OHIP-covered physician-led group, consisting of eight 3.5-hour sessions, given once a week, on Friday afternoons, in the Mental Health Program. Treatment modalities include gentle yoga, instruction in sitting and walking meditations, the “body scan”, and group discussions about these experiences. There will be an additional 6-hour session on Sunday, in the 6th week, that participants are expected to attend. About one hour of daily homework will be assigned. This Mindfulness program is suitable for people with: cancer, arthritis, headaches, irritable bowel, sleep disturbances, diabetes, heart disease, high blood pressure, and other chronic medical conditions. (Exclusion criteria include substance abuse or dependence, cognitive impairment, and any acute or active illness.)

A \$120.00 fee is charged for materials and uninsured medical services. For further information, please see www.psychsyt.ca. If you have any patients who you believe may benefit from this program:

1. Please fax this referral to NYGH Intake at: 416-756-6671. Please note that patients are not automatically registered upon faxing this form. Incomplete forms may not be processed.
2. Dr. Kathy Margittai screens all applicants, so **please have your patient contact her at 416-483-3778 to register.**

Patient Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Home Phone: _____

Work Phone: _____

Health Card #: _____ Version code: _____

List of all

Medical Conditions: _____

Medications: _____

Allergies: _____

Referring MD: _____

Specialty: _____

Office Address: _____

Phone No: _____ Ref. Fax No. _____

MD referring No.: _____

Date of Referral: _____

Signature of referring physician: _____