



**CROCUS CARE SOLUTIONS INC.**

2211 Riverside Drive, Suite B2, Ottawa, ON K1H 7X5  
Tel: 613-686-5818 | Fax: 613-216-2156

**PSYCHOTHERAPY REFERRAL (IFHP – MEDAVIE BLUECROSS)  
For IFHP-covered psychotherapy services only**

**PATIENT INFORMATION**

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_

**SERVICE REQUESTED**

Psychotherapy / Counselling (IFHP Covered)

**DIAGNOSIS (REQUIRED – CHECK AT LEAST ONE)**

Depression    Anxiety    PTSD / Trauma    Adjustment Disorder  
 Insomnia    Panic Disorder    Grief    Other: \_\_\_\_\_

**REFERRING PROVIDER**

Name: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**SUBMISSION (REQUIRED)**

Complete all fields and include signature

Fax: 613-216-2156  
Email: [info@crocuscare.ca](mailto:info@crocuscare.ca)  
Or bring in person