

MBI BARRIE COURSE PATIENT REFERRAL FORM

P.705-795-7629/www.mbibarrie.ca

MBI - MINDFULNESS-BASED INTERVENTION PROGRAMS
 Facilitated by Dr. Kim R. McKenzie, MD (FRCP)

Please print this document and have your doctor fill out the "Physician's Details" section In order, to ensure your time making this referral is worthwhile, please Read and Complete the following form:

____ The patient referred knows that the classes are 2.5 hours per week in a group setting, and that attendance for all classes is recommended. MBI Barrie offers two different courses: 1. General Stress Management and 2. Chronic Pain Management. Each program has its own timetable.

____ The patient understands that class attendance is very important and that the course involves practicing guided meditation, reading course material, & has weekly homework.

____ The Patient is aware with the Physician Referral OHIP covers the Course & Enrolment fees but OHIP does not cover the Recommended Course Materials.

PATIENT FIRST NAME:		PATIENT LAST NAME:	
HEALTH CARD NO.	VC.	EXPIRY DATE	DOB (D/M/Y)
ADDRESS:		CITY	PROV.
POSTAL CODE	EMAIL:	SITE:	
HOME #:	CELL #:	COURSE INTERESTED IN:	

PHYSICIAN'S DETAILS - Please have your doctor fill out this section below

Physician's Name	"OHIP Billing No."
<u>OFFICE ADDRESS:</u>	
<u>OFFICE #:</u>	<u>EXT.</u>
<u>FAX#</u>	
Family Physician (if different than above)	

REASON FOR REFERRAL:

Date of Request Referring Physician's Signature X _____

PLEASE SEND REFERRAL FAX TO: **705-327-9181 - Attn. Sheri-Leigh**