

Women's Wellness Services Referral

Questions about the groups: Please call Women's Wellness Service at 905-472-7373 ext 6996 or womenswellness@oakvalleyhealth.ca.

Please send completed referral to: email womenswellness@oakvalleyhealth.ca or fax: 905-472-7371

If you have any questions about the referral process or the status of your referral please contact our Mental Health Patient Navigator at 416-804-9386, Monday through Friday.

The women's wellness service does not provide psychiatric assessment and/or follow-up.

A physician's referral is required for that service. If this is needed, please complete the outpatient mental health referral form located on our website www.oakvalleyhealth.ca

Name				DOB	Age	Date of Referral	
Address				Health Card #		Version Code	
Home phone ()			Busin	Business/Mobile phone ()			
E-mail address							
Preferred Language		Name & number of inte	rpreter	to help schedu	ıle appointm	ent, if available	
Self-referral	Name				Phone ()	
Physician referral	Name				Phone ()	
Other Professional Referral	Name				Phone ()	
Reason for Referral							
Diagnosis							
Current Medication(s)							
Referral for	Please select ONE group ONLY. Requests for multiple groups will NOT be considered. Interpersonal Psychotherapy Group for Women (IPT) Mindfulness Based Stress Reduction for Women (MBSRW) Art Therapy Group for Women (ATGW) Postpartum CBT Group for Women (MHPOST) Eligibility for all the Women's Wellness groups: client MUST live in the Markham/Stouffville community or, in the case of Postpartum groups: client may also be connected to a Markham Stouffville Hospital (MSH) obstetrician or midwife and/or deliver at MSH						

