



HUMMADI HEALTHCARE
Body, Mind, skin & Soul Clinic

Psychotherapy and Psychodermatology Clinic

NEW SCOPE OF PRACTICE – ACCEPTING REFERRALS

PROVIDING VIRTUAL OHIP COVERED MENTAL HEALTH SERVICES

Dear HealthCare provider,

We would like to inform you about our fully virtual, OHIP-covered psychotherapy counseling services, such as CBT, CBT-I, ACT, and mindfulness.

- **EASY TO REFER**- simply fill and fax our referral form to **1-905-823-9995**
- **RAPID ACCESS**- patients booked within a convenient timeframe

Counseling services provided for: Medical Psychotherapy, Spiritual Psychotherapy & Psychodermatology

- ▣ Depression
- ▣ Stress
- ▣ Anxiety
- ▣ Anger management and emotional regulation
- ▣ Grief
- ▣ Panic attacks and phobias
- ▣ Insomnia
- ▣ Weight management
- ▣ IBS

Sincerely,

Dr. Yasmin Al-Mulla Hummadi, MD, MRCGP, DPD, FMCBT
GP Focused Practice in Psychotherapy

MBChB, MDPAC, CMC IP Cambridge College, ESDaP Diploma
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HUMMADI HEALTHCARE

Hummati Healthcare
Mind-Skin Clinic

Fax: 905-823-9995

Mental Health Patient Referral Form

PATIENT CONTACT INFORMATION					
Last Name			First Name		
Apt/Suite #			House/Bldg #		Road/Street
Town/City			Prov	Postal Code	
Date of Birth (DD/MM/YYYY)		Gender	OHIP		Telephone (incl. area codes)
D	D	/	M	M	/
Y	Y	Y	Y	Y	Y
PATIENT EMAIL					
MOST RESPONSIBLE PRACTITIONER (FAMILY PHYSICIAN, WALK-IN CLINIC PHYSICIAN, OR NURSE PRACTITIONER)					
Last Name			First Name		
Billing #					
Office Telephone Number (including applicable area codes)			Fax Number		
REFERRING CLINICIAN (if different from above)					
Last Name			First Name		
Referring Agency (if applicable)					
PATIENT HISTORY					
PHQ-9 Score <input type="text"/> Score must be <19		If question #9 on the PHQ-9 is positive (score of 1 or greater), note that acutely suicidal patients are not appropriate. Conduct a risk assessment and consider safety planning, and/or referral to services for patients of higher acuity.			
Psychiatric Diagnosis: <input type="radio"/> 300 Anxiety Disorder <input type="radio"/> 311 Depressive Disorder <input type="radio"/> 309 Adjustment Reaction <input type="radio"/> 316 Psychological Factors Affecting Other Medical Conditions <input type="radio"/> OCD-ROCD-OCD Related Disorders such as Excoriation (skin-picking), Trichotillomania, Hoarding etc. <input type="radio"/> Insomnia for CBTI <input type="radio"/> Grief/ loss <input type="radio"/> Phobias <input type="radio"/> IBS <input type="radio"/> Other (specify ICD9 code):		THIS SECTION MUST BE COMPLETED IN ORDER FOR THE REFERRAL TO BE PROCESSED 1. Is the individual: Y / N Capable of engaging with and concentrating on CBT materials? Y / N Experiencing acute mania or psychosis? Y / N Actively suicidal or has tried to commit suicide in the past 6 months? Y / N Diagnosed with a personality disorder? Y / N At high risk to harm self or others? Y / N Significantly misusing drugs or alcohol to the extent that it would impact engagement in CBT treatment? <input type="checkbox"/> I confirm that this referral is not being sent directly from a hospital emergency department or in-patient psychiatric unit. Please note that the primary healthcare practitioner always retains professional responsibility for the patient. We offer coaching in English as well as Arabic; please identify the preferred language of your patient (E / A / both): _____			
Patients cannot be referred without an identified MRP. A primary care provider must be available to provide therapeutic support if necessary. This program cannot provide emergency support.					