

**Women's Mental Health Clinic**

*www.wmhclinic.com*

307-120 Eglinton Ave. East  
Toronto, ON M4P 1E2

Ph.#: (647) 343-4115 Fax #: (647) 346-5015



WOMEN'S MENTAL HEALTH CLINIC

**PATIENT INFORMATION**

**First Name :** \_\_\_\_\_ **Last Name :** \_\_\_\_\_

**HC# :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DOB (dd/mm/yyyy) :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address :** \_\_\_\_\_

**City :** \_\_\_\_\_ **Prov. :** \_\_\_\_ **Postal Code :** \_\_\_\_\_

**Contact Phone # :** ( \_\_\_\_ ) \_\_\_\_\_

**Can a confidential message be left ? :**  *Yes*  *No*

**REFERRAL SOURCE INFORMATION**

**First Name :** \_\_\_\_\_ **Last Name :** \_\_\_\_\_

**OHIP Billing # :** \_\_\_\_\_

**Phone # :** ( \_\_\_\_ ) \_\_\_\_\_ **Fax # :** ( \_\_\_\_ ) \_\_\_\_\_

**Reason for Referral (provision of detailed information will prevent delay in service) :**

**Additional information (please include list of all medications and medical conditions) :**