

Referral to Group Psychotherapy

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Patient Name:

Phone:

Age:

Alternate Phone:

DOB:

Address:

OHIP #:

Email:

Reason for Referral:

- **MBSR (Mindfulness Based Stress Reduction)**
 - Learn practical ways to manage acute and chronic stress (physical or psychological)
 - Chronic pain, insomnia, chronic medical conditions, difficult relationships, burnout

- **MBCT (Mindfulness Based Cognitive Therapy)**
 - Learn practical ways to manage anxiety and depression and prevent relapse
 - Patients in remission or having mild to moderate mood symptoms

MBSR and MBCT patients must be open to training in mindfulness, meditation and CBT and be open to a daily home meditation practice

- **SFBT (Solution Focused Brief Therapy)**
 - Explores the preferred future and shifts from from problem based thinking to solution focused action

Referral by Dr.

Address:

Billing #:

Phone Number:

Date: