DECODE INSOMNIA CLINIC
ONTARIO, CANADA

decodeinsomnia@protonmail.com (647) 689-7588 www.decodeinsomnia.com

REFERRAL FORM

NOTE: *This clinic serves patients ages 13 and older in Ontario, Canada only. This clinic provides consultation and chronic insomnia therapy with the DECODE Insomnia Program.*

PATIENT INFORMATION	
Full Name	
Date of Birth	
Email	
OHIP (with version code)	
Reason for Referral	Assessment for chronic insomnia, or sleep timing issue and possible treatment with the DECODE Insomnia Program

REFERRING PHYSICIAN INFORMATION			
Name			
Fax		**Billing no.**	
Other contact (optional)			
Signature		**Referral Date**	
Do you want to be added to our mailing list for updates, trainings, and new resources? If yes, please provide your email.			

Please fax the completed form to 647-689-7588