LUNA HEALTH - BEHAVIOURAL SLEEP MEDICINE REFERRAL FORM

We accept EMR referral letters that contain the details requested in this form.

www.lunatherapy.ca | Email: BCadmin@lunatherapy.ca | Phone/Fax: 604-631-5875

PATIENT INFORMATION

Full Name:

Date of Birth (YY-MM-DD):

Phone Number:

Email:

Health Card #: VC:

Emergency Contact Name:

Emergency Contact Phone #:

Consent to leave VM ☐ Consent to email ☐

REFERRING MD/NP INFORMATION

Full Name:

Billing number:

Clinic Name:

Phone:

Fax:

Address:

City: Postal Code:

HISTORY OF SLEEP PROBLEMS

- ☐ Difficulties falling asleep
- ☐ Difficulties staying asleep
- ☐ Waking up too early
- ☐ Delayed sleep phase
- ☐ Advanced sleep phase
- ☐ Shift work problems

MEDICAL HISTORY

Relevant Psychiatric / Medical History

Medications

REASON FOR REFERRAL

- ☐ Individual CBT-I (private pay)
- ☐ Group CBT-I (MSP covered)
- ☐ Individual Behavioural Treatment for Circadian Rhythm Disorders including Shift Work

ONLY FILL OUT IF REFERRING FOR GROUP THERAPY

Note: Patient must have a primary care provider (GP/NP) for ongoing medical/psychiatric support if needed.

INCLUSION CRITERIA

- ☐ Age 18+
- ☐ Available for 4 consecutive sessions
- ☐ Ability to complete homework
- ☐ Has Internet access for virtual care

EXCLUSION CRITERIA

- ☐ No Acute risk of harm to self or others
- ☐ No Severe Cognitive Impairment
- ☐ No Severe Emotional Dysregulation
- ☐ No Active psychosis or substance use disorder

ACKNOWLEDGEMENTS

Topics outside the scope of this intake such as personality, mood, anxiety, and psychotic disorders will be redirected to the patient's primary care provider. Any conditions requiring further psychiatric assessment or intervention must be managed by the referring provider as indicated. Patient is aware that individual psychiatric care or medication management will not be provided at this clinic. Patient understands that LUNA providers will not provide assessments or documentation for legal, custody, disability, insurance, or WSIB purposes.

REFERRING PROVIDER'S SIGNATURE:

DATE: