

Dear Doctor,

Your patient has requested an appointment to see me for an assessment and/or treatment. In order to facilitate a consultation I would be grateful if you could sign this letter including your address and CPSO license number. Please fax this completed referral form to The Royal's Central Intake at: **613-798-2976**. Any information about your patient that you can forward would be appreciated.

Patients must then **wait to be contacted by the Sexual Behaviours Clinic** to schedule an appointment. Patients will only be contacted once this referral letter has been faxed and received by the Sexual Behaviours Clinic. This process often takes 2-3 weeks. After faxing this letter, please give a copy to your patient and ask them to bring it to their first appointment with me.

Sincerely,



J. Paul Fedoroff, M.D., FRCPC
Director, Sexual Behaviours Clinic
The Royal Mental Health Centre

My signature confirms I am referring: _____ (Patient name)

Patient phone number: _____

Physician name: _____

Physician CPSO number: _____

Physician address: _____

Physician signature: _____ **Date:** _____

Fax completed form to: 613-798-2976