



Phone:1.866.999.STIM (7846) | Fax:1.833.999.STIM (7846) | [Info@brainstim.ca](mailto:Info@brainstim.ca) | [www.Brainstim.ca](http://www.Brainstim.ca)

Ottawa: Suite: 111, 1390 Prince of Wales Dr, Ottawa, ON

## BrainStim Health Referral Form - Ontario

### Patient Demographic Information

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

PHN/HN/OHIP: \_\_\_\_\_ Gender:  Male  Female  Other: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Public Service Status:  Veteran K # \_\_\_\_\_  RCMP Hermis R # \_\_\_\_\_  First Responders  Police Service

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Referring Provider Information

Specialty:  Psychiatrist  GP /Family Physician  Nurse Practitioner

Name: \_\_\_\_\_ Billing #: \_\_\_\_\_ Signature: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

### Referral Details

Please indicate the Physician and Location you'd like to send the Referral to

Ottawa - Dr. Dr. Nasa Sanjay Kumar Rao

Assessment of *diagnosis and suitability* for the Program or Programs of Interest

TMS (Transcranial Magnetic Stimulation)

Addictions Program

Main Concerns to Treat

Depression

Obsessive-Compulsive Disorder (OCD)

Anxiety

Post-Traumatic Stress Disorder (PTSD)

Chronic Pain

Substance Abuse

Other (Specify): \_\_\_\_\_

Additional details for the Referral (Please attach a referral letter with relevant Medical History, Psychiatric History, Risk History, Substance Use, Current Medication list, and Past Psychiatric Medication trials if applicable)

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**Thank You for your referral.**

BrainStim is proud to provide innovative and evidence-based interventions for those living with mental health conditions to achieve the best outcomes.