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Perth: 275 Canal Bank Rd, Perth, ON | Ottawa: Suite: 111, 1390 Prince of Wales Dr, Ottawa, ON

BrainStim Health Referral Form – Veterans Program

Veteran Information

Full Name: _____ Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

PHN/AHS: _____ Gender: Male Female Other: _____ Pronouns: _____

Veteran K #: _____ Address: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Referring Provider Information

Specialty: Psychiatrist GP /Family Physician Nurse Practitioner Licensed Psychotherapist / Registered Clinical Counsellor Registered Social Worker Registered Psychologist Registered Occupational Therapist

Name: _____ Billing /License#: _____ Signature: _____

Clinic Name: _____ Address: _____

Phone: _____ Fax: _____ Date of Referral: _____

Referral Details

Programs of Interest

- TMS (Transcranial Magnetic Stimulation)
- ICAT (Integrated Cognitive & ADHD Therapy)
- Psychotherapy
- Post Concussion and Brain Fog
- Ketamine Therapy
- Outpatient Detox and Relapse Prevention
- VAC Disability Assessment

Main Concerns to Treat

- Depression
- Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Mild Traumatic Brain Injury (PTSD)
- Obsessive-Compulsive Disorder (OCD)
- Bipolar Depression
- Chronic Pain
- 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)

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.