



REFERRAL FORM

Thank you for choosing to refer your patient for relaxation therapy.
Please fax or e-mail this form to start the referral process.

PATIENT INFORMATION

Name of patient: _____ Today's date: _____

Phone (circle **cell** / **home** / **work**): _____

Reason for referral: _____

Diagnoses: _____

DX codes (ICD-10-CA / CCI / DSM-V): _____

Additional instructions: _____

DOCTOR / THERAPIST INFORMATION

Signature: _____ Printed name: _____

Specialty: _____

Phone: _____ Fax: _____

The above-named patient has requested help in the area of relaxation for self-improvement and personal wellness from Colin Stone, a Professional Relaxation Therapist in private practice in Halifax, Nova Scotia. Colin is a graduate with distinction in relaxation therapy from BSY Limited (formerly the British School of Yoga), an accredited college in the United Kingdom, and is a practitioner member in good standing of the American Holistic Health Association, registration number PRACM 3682. *Colin Stone is not a physician, psychotherapist or counselling therapist. He can not provide a medical diagnosis, prescribe medications, treat any injury or illness, or recommend discontinuance of medically prescribed treatments.* The service he provides is complementary to, and not a substitute for, health care. A combination of the following methods may be used: **progressive muscle relaxation** (abbreviated Jacobson method) and **guided imagery** (both typically using pre-recorded digital audio recordings), **far-infrared heat** (to increase blood-flow and relieve muscle tension), **aromatherapy** (indirect aerial dispersion of essential oils for mood enhancement), and **sound (vibroacoustic) therapy**. Sessions are conducted in a private room with ionic purified air and noise-cancelling headphones. Clients may be offered complimentary green tea that naturally contains *L-Theanine*, an amino acid shown to increase mental acuity and reduce stress without causing drowsiness. For additional information see: relaxationcentre.ca/doctor-referrals.php

The doctor/therapist's signature above authorizes the use of these relaxation methods with the above-named patient.

⇄ CONFIDENTIAL ONCE COMPLETED

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