

Get Well Clinic
 649 Sheppard Ave West
 Toronto, ON, M3H 2S4
 TEL: (416) 508-5691 | FAX: (647) 478-7604



Wait List Application for GP Psychotherapy by Dr. Laura Copeland

Full Name	
Date of Birth	
Phone Number	
Email	
Mental Health Diagnosis	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar <input type="checkbox"/> Adjustment Reaction Issues <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Others: _____

Dr. Copeland requests wait list clients to meet/agree to the following conditions:

Condition	Please write Yes or No
Please ask your family physician or psychiatrist to fill out the referral form	Please see attached form
If you are on psychiatric medications, the physician who prescribed those will continue to manage your prescription (Dr. Copeland does not prescribe or adjust psychiatric medication)	
You are prepared to commit to 1 hour a week of therapy for 16 weeks	
You are available for therapy appointments on Tuesdays between 9am-4pm	
<p>Dr. Copeland is an emergency physician who has done certification and has been practicing in mindfulness based cognitive therapy for the past two years. Dr. Copeland is expanding her practice to individual therapy. As this is a change from her initial training, she is currently under the supervision of Dr. Patricia Rockman. This means that some sessions will be audio recorded for the purposes of reviewing with Dr. Rockman. All audio recordings will be transported securely and destroyed after use. You must be willing to sign a consent to record prior to initiating therapy.</p>	

Client Signature: _____

Date: _____

Please mail application forms to Get Well Clinic at 649 Sheppard Avenue West, Toronto ON. M3H 2S4 or fax to (647) 478-7604. Thank you.