



Dr. Shailla Vaidya MD MPH CCFP(EM) C-IAYT  
*The Yoga MD - Mind-Body Medicine for Burnout Recovery and Stress Resilience*

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Referral for: COURSE/WORKSHOP  
 INDIVIDUAL (currently, only available to those attending groups)

Name of Course/Workshop: \_\_\_\_\_

**Referrals are to be made from your family doctor. They will be triaged and are accepted based on the following criteria:**

- Helping Professional experiencing stress or job fatigue (includes First Responders, Nurses, Allied Health, Social Workers, Teachers) or Burned-out Caregivers
- Patients suffering from Job Stress, currently off work, and available to attend day time groups
- Patients suffering from Job Stress, and available to attend evening groups
- Patients who have a Mind-Body Syndrome, Stress-related or inflammatory illness or (including PCOS, Metabolic Syndrome, Diabetes, Overweight, Migraines, Insomnia, or other Auto-Immune Illness) Please provide CPP, consultations, Diagnostic tests)
- Patient understands that there is a fee (sliding scale) for services not covered by OHIP (Yoga, Handouts, Access to Web Portal).

**NB:** Patients will undergo an assessment to determine whether a group is appropriate for them. Not all groups offered are appropriate for all people.

Patients who do not fit the above criteria should be referred elsewhere. Those suffering from distress tolerance or anger issues should seek other treatment, such as Dialectical Behaviour Therapy. Those with addiction issues should seek treatment from a qualified addiction practitioner.

**Source of Patient's stress:**

**Associated/Co-Morbid Medical Illness and Medications:**

Please attach CPP, latest blood work, EKGs, pertinent medical imaging and consultant notes (Neuro, Psych, GI, Cardio, Endo).

Patient's Name:	Referral Name:
DOB:	Billing Number:
Address:	Address:
Phone:	Fax:
Valid OHIP:	Date of Referral:
Email:	Family Doctor: