

Presence Therapy Referral Form

Ajax Harwood Clinic

88 Harwood Avenue South, Ajax, Ontario, L1S 2H6

Fax: 905-683-1431 | Email: ajaxharwoodclinic@gmail.com

Referral for Presence Therapy

Patient Information:

- Name: _____
- Date of Birth: _____
- Phone: _____
- Health Card Number: _____

Referring Physician Information:

- Name: _____
- Billing Number: _____
- Phone: _____
- Fax: _____
- Reason for Referral (e.g., anxiety, PTSD, OCD): _____

About Presence Therapy

What It Is: A holistic, integrative approach combining Five-Point Auricular Acupuncture (NADA Protocol) and Subtle Sensation Awareness Training to help patients rediscover presence and resilience.

Benefits:

- Calms the mind and reduces emotional reactivity.
- Helps patients observe and manage thoughts and sensations.
- Addresses anxiety, depression, PTSD, OCD, ADHD, and psychosomatic conditions.

Key Features:

- Fully covered by OHIP (no extra cost; Group counseling has no impact on FHO outside use.)
- Group sessions provide added support, encouragement and timely access to care.

Program Details

- Sessions: Monday, Tuesday, Wednesday, Friday, Saturday at 9:30 AM, plus Wednesday at 4:00 PM.
- Duration: Initial block of 15 sessions recommended.
- Location: 88 Harwood Avenue South, Ajax.

Submission Options:

Fax this form to 905-683-1431, email it to ajaxharwoodclinic@gmail.com, or the patient may bring it to the first session.

Referring Physician's Signature

Name: _____

Date: _____

Signature: _____

Thank you for your referral. Please contact us if you have questions.

Dr. Carlos Yu, MD

Assistant Professor, Queen's University

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