



Dr. Akshya Vasudev
 MBBS, MD, MRCPsych
 Holistic Adult and Geriatric Mental Health Consultations

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REFERRAL FORM

Patient Information

Last Name: _____ Gender: _____
 First Name: _____ Age: _____
 Preferred Name: _____ DOB: _____
 Address: _____ Phone Number: _____
 _____ Email: _____
 OHIP #: _____ Version Code _____

Presenting Complaint (brief description of symptoms, stressors, and functional impact)

Patient's goals and expectations for holistic care (in their own words where possible):

DOES THIS REFERRAL FIT THE HOLISTIC CONSULTATION CRITERIA?

Dr Vasudev is currently accepting **adult and geriatric clients** seeking a holistic mental health consultation.

The consultation focuses on discussion of diet, exercise, breath-based yoga, meditation practices, and spiritual enquiry to support a positive lifestyle.

He is happy to receive referrals for patients who:

- (1) Are experiencing stress-related difficulties, major depressive disorder, or anxiety disorders; and
- (2) Are motivated to engage in lifestyle-focused and breath-based interventions (e.g., yoga, meditation, structured breathing practices).

He **no longer prescribes medications**. Ongoing medication management remains with the most responsible clinician (e.g., family physician, psychiatrist, or nurse practitioner).

As appropriate, he will provide written advice to the referring clinician regarding possible medication adjustments while offering additional **holistic augmentation** strategies.

Reason for referral / specific consultation questions (e.g., lifestyle augmentation, advice on pharmacologic optimization, relapse prevention, stress management, caregiver stress):

SUITABILITY AND EXCLUSION CRITERIA

Please be aware that common reasons for **decline** of referral will be as per the following exclusion criteria:

(1) Current severe mental illness such as:

- Dementia or major neurocognitive disorder
- Psychotic disorder
- Bipolar disorder
- Moderate to severe substance use disorder

(2) Inpatient mental health admission in the last 6 months

(3) Unstable physical health that would preclude participation in breath-based practices, such as:

- Recent myocardial infarction or stroke
- Neurological disorder such as Parkinson’s disease with significant functional impairment
- Markedly poor respiratory reserve

(Controlled asthma or COPD are acceptable)

If any of these conditions are present, a holistic lifestyle-based consultation with Dr Vasudev may not be appropriate at this time, and alternative services should be considered.

Referrer confirmation (please check):

- The above exclusion criteria are **not** present to the best of my knowledge.
- In my clinical judgment, the patient’s mental and physical status is sufficiently stable to participate in breath-based and gentle movement-based interventions.
- The patient is aware of and consents to a holistic, non-prescribing consultation focused on lifestyle, yoga, and meditation practices.

CURRENT DIAGNOSES AND TREATMENTS

Psychiatric diagnoses (current and relevant past):

Medical diagnoses (including cardiovascular, neurological, and respiratory conditions):

Current psychotropic medications (name, dose, frequency, duration, recent changes):

Other current therapies (e.g., psychotherapy, counselling, groups, community supports):

Risk considerations (if applicable; e.g., history of self-harm, current suicidal ideation, aggression):

Please send with your referral

- Current Medication List
- Relevant past notes or discharge summaries
- Relevant Labs

| Referring Physician Information | |
|--|-----------------------|
| Name: _____ | |
| Address: _____ | |
| Phone: _____ | Billing Number: _____ |
| Date of Referral: _____ | |
| Signature: _____ | |