



# Recommendation for OHPSA services

Date:

Your Name:

Title/Position:

Once completed, please Save in JPEG format and email referral form to [ohpsa.reception@utoronto.ca](mailto:ohpsa.reception@utoronto.ca)

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**Confidentiality:** *The provided information is confidential, will not form part of any students Faculty of Medicine record, and will not be shared beyond OHPSA, except by written consent of student or as required or allowed by law.*

Please confirm that student is:

Aware that OHPSA contact is voluntary and confidential

Aware that OHPSA will be contacting her/him to offer an appointment

Agreeable to this recommendation

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Student Name:

Year:

Student #:

Program:

Academy (MD only):

MD  
MD/PhD  
MRS  
OSOT  
PA

FG  
PB  
WB  
MAM

**Service/s Requested (check all that apply):**

Academic Coaching  
Associate Dean  
Career Counselling  
Personal Counselling  
Unsure

**Reason for referral (check all that apply):**

AACE- IT/SCORE  
Academy transfer  
Accessibility/Accommodation  
BOE/Unsuccessful assessment  
Direction re housing  
Direction re financial concern  
LOA (request/return)  
Needs Primary Care Physician  
Notable Absence (> 4 unplanned, > 8 total)  
Professionalism issues  
Safety, Harassment, Discrimination, Violence  
Other

**Briefly describe your concerns:**

**Rate your estimated level of concern:**

*\*If urgent, you may also email Dr. Pignatiello directly if you would like to discuss further ([tony.pignatiello@utoronto.ca](mailto:tony.pignatiello@utoronto.ca))*