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REFERRAL FORM

Halton Psychological Services is a private, fee-for-service psychological clinic offering psychoeducational assessments and individual, family and couples therapy. Services are not funded through the provincial healthcare system, though many patients have coverage for our services through their workplace or extended health plan. Your patient will be assigned the earliest available clinician with experience in the problem area, unless a preference is expressed below.

<p><u>PATIENT DEMOGRAPHIC INFORMATION</u></p> <p>NAME:</p> <p>DATE OF BIRTH:</p> <p>GENDER (circle one): MALE FEMALE</p> <p>ADDRESS:</p> <p>PHONE NUMBER:</p>	<p><u>REFERRING PHYSICIAN/PROFESSIONAL (please complete with name, telephone and address or use stamp)</u></p> <p>DATE OF REFERRAL:</p>
<p><u>CLINICAL INFORMATION</u></p> <p>DIAGNOSIS (ES):</p> <p>REASON FOR REFERRAL/PRESENTING PROBLEM:</p> <p>CURRENT MEDICATIONS, IF ANY:</p>	
<p><u>ADDITIONAL INFORMATION</u> (please provide us with any additional information that you feel we might need to know)</p>	

Signed: _____

Please complete and fax to Halton Psychological Services at (905) 905-878-2205

THANK YOU FOR YOUR REFERRAL!