

Guelph Psychology Centre  
110-112 Woolwich Street, Guelph, ON, N1H 3V2  
FAX: 519-265-7420

Referral for Psychological Services

Client Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Referral Source Information

Referral Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

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Referring to:

Clinician's name: \_\_\_\_\_

OR \_\_\_\_\_ Next Available / Most Appropriate Clinician

Referring for (please check):  Assessment/Consultation  
 Treatment/Therapy

Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Third Parties Involved or Referring:

WSIB       Auto Insurance       Long-Term Disability

Other: \_\_\_\_\_

Other relevant information (e.g., medications, other investigations/  
treatment, health history, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_