

Guelph Psychology Centre
34 Harvard Rd, Unit 2, Guelph, ON, N1G 4V8
Phone: 519-265-6960
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: _____

Referring to:

Clinician's name: _____

OR _____ Next Available / Most Appropriate Clinician

Referring for (please check): _____ Treatment/Therapy
_____ Assessment/Diagnosis/Consultation (Please note:
we are not offering psychoeducational assessments at the current time)

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.):

Please fax referral to 519-265-7420