Milner and Pailing Psychology
A pathway to healing

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New Referral Information Sheet

Brief info about our services: *We support individuals and families affected by brain injury, chronic illness, trauma, pain, and mental health challenges. Our services include psychotherapy, psychological counselling, cognitive rehabilitation, neurobehavioural support, and psychological (psychodiagnostic), neurocognitive, neuropsychological, ADHD, geriatric, and WSIB assessments/treatment. We provide both assessment and treatment services to help guide care, support recovery, and improve overall well-being.*

Are you currently receiving similar services from a social worker, psychotherapist, or psychologist/neuropsychologist?

Intake Information:

Referral Source: _____

Date of Referral: _____

Nature of Referral: _____

(Full Neuropsychological Assessment: combination of Psychological & Neurocognitive assessment) or (Psychological Assessment) or (Neurocognitive assessment), treatment, etc

Concerns/Reason for Referral (Do you have a brain injury/concussion?):

_____

Client Name: _____ Date of Loss: _____

Address: _____ Date of Birth: _____

_____ Gender: _____

_____ Phone # _____

Email: _____

Education (total years & highest level achieved): _____

Funding Source: *Please note that Psychology Services are not covered through OHIP.*

Self pay ☐ Psychology fee $225/hour ____ Social Work fee $180/hour____

Assessment ($2500 or $4000)_____

OR

Work Place Benefits ☐ check your coverage ____

Client submits to ext _____

OR

WSIB ☐

Case manager: _____ Nurse consultant: _____

Claim#: _____

Do we have your permission to contact WSIB for pre-approval _____

Approval info: _____

OR

SABS (Cat___ Non-Cat___ MIG___)

Auto Insurer Information: ☐

Company: _____ Phone #: _____

Address: _____ Adjuster: _____

_____ Claim #: _____

**If you have coverage for psychological treatment through extended health benefits, we will issue invoices directly to you. You are responsible for submitting claims to your extended health insurance provider first. Once extended health benefits have been exhausted, we will bill the auto insurer directly.

For our info: give us Extended insurance name: _____

Annual psychological treatment benefit amount: _____

Effective July 1, 2026, auto insurers are the first payors for medical and rehabilitation benefits. This change does not apply to medication expenses, which should be submitted to supplementary health insurance plans first. ***Please note: The first-payor change applies to accidents occurring on or after July 1, 2026***.

Other Treatment Providers:

Case Manager: ☐	**Family Doctor:** ☐	**Occupational Therapist:** ☐
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal Rep: ☐	**Rehab Therapist:** ☐	**Other:** ☐
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Appointment Information</u>: (to be completed by Office Staff at Milner and Pailing Psychology)

Psychologist/Social worker/Psychotherapist: _____

Psychometrist: _____

Date of Appointment: _____ Appt. confirmed with client: _____

<u>Concerns/Reason for Referral</u>:

What are the main concerns you would like to discuss in therapy:

Have you been diagnosed with a concussion or brain injury? If yes, what symptoms are you currently experiencing (memory, light/noise sensitivity, word finding difficulties, etc)?

Can you please tell me a bit more about your accident?

What injuries did you sustain?

Are you currently experiencing any symptoms of anxiety, depression or trauma?

If there anything else you'd like to tell us that would be helpful to match you to one of our therapists?

Can you do virtual appointments, or would you require in- office appointments?