



# Milner and Pailing Psychology

*A pathway to healing*

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## New Referral Information Sheet

### Intake Information:

Referral Source: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Nature of Referral: (NP, psych or neurocog assessment, treatment, etc) \_\_\_\_\_

### Concerns/Reason for Referral (Does the client have a brain injury/concussion?):

Client Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

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

Self pay  Work Place Benefits  WSIB  SAB (Cat\_\_\_ Non-Cat\_\_\_ MIG\_\_\_)

### Auto Insurer Information:

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Adjuster: \_\_\_\_\_

\_\_\_\_\_

Claim #: \_\_\_\_\_

### Other Treatment Providers:

Case Manager:  Family Doctor:  Occupational Therapist:

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Legal Rep:  Rehab Therapist:  Other:

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### Appointment Information: (to be completed by Office Staff at Milner and Pailing Psychology )

Psychologist: \_\_\_\_\_ Psychometrist: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Appt. confirmed with client: \_\_\_\_\_