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?): See back

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)_____

Work Place Benefits ☐ Ask them to check their coverage ____ Client submits to ext _____

WSIB ☐ Ask if we have their permission to contact WSIB for pre-approval _____

SABS (Cat___ Non-Cat___ MIG___)

Auto Insurer Information: ☐

Company: _____ Phone #: _____

Address: _____ Adjuster: _____

_____ Claim #: _____

Other Treatment Providers:

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

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

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

Psychologist:_____ Psychometrist:_____

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

Concerns/Reason for Referral:

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?

If they only mention physical injuries - Are you currently experiencing any symptoms of anxiety, depression or trauma?

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

Can they do virtual appointments or would they require in- office appointments?

Medical File Requested (Assessment) _____

Report to Accompany Referral _____