



**The Psychology Clinic at Queen's Referral Form**



DEPARTMENT OF PSYCHOLOGY  
Queen's University  
Kingston, Ontario, Canada K7L 3N6  
Tel 613 533-6021  
Fax 613 533-3282

**Client Information:**

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

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

Best time to Contact: \_\_\_\_\_ Best Contact: (8:30am- 4:30pm)  
 Morning  Afternoon  Home  Work  Mobile  Email

Leave Message: (Please check box if yes)  Home  Work  Mobile

Date of Birth (MONTH Day, Year): \_\_\_\_\_ School: (if relevant) \_\_\_\_\_ Grade: \_\_\_\_\_

First Language Spoken: Home \_\_\_\_\_ School (if different from home) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

**Parent/Guardian/Next of Kin Contact Information:**

Please check:  Mother  Father  Partner  Other: \_\_\_\_\_

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

Address: (if different from above) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

If referred is under age 16, who has legal custody? \_\_\_\_\_

Does custodial parent(s)/ guardian agree with referral?  Yes  No

**Referral Source:** Please check if Self-referral  If external referral, please complete:

Name:

Address:

City/Town:

Province:

Postal Code:

Telephone:

Have you discussed the referral with the family?  Yes  No

**Reason for Referral – Check as appropriate:**

Psychoeducational Assessment

Psychodiagnostic Assessment

Therapy

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

ASD Screening Assessment

Details:

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**Has the client sought help for this problem before?**  Yes  No

If yes, what services were received & how well did they work?

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**Are there other agencies involved (past or present) (e.g., Pathways for Children and Youth, Children's/ Adult Mental Health Agencies, Family and Children's Services, Counseling Services)?**

Please specify:

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**Additional Comments:**

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Please return completed forms to:

Referral Coordinator  
The Psychology Clinic at Queen's  
Department of Psychology, Queen's University  
Kingston, Ontario K7L 3N6

Tel: 613 533-6021

Fax: 613 533-3282

psycclin@queensu.ca