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

The Psychology Clinic at Queen's Referral Form

Client Information:

Name: _____ Gender:_____

Address: _____

City/Town: Province: Postal Code: _____

Telephone: Home Work Mobile _____

Email Address: _____

Best time to Contact: ☐ Morning ☐ Afternoon

Best Contact: (8:30am- 4:30pm) ☐ 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:

_____
_____
_____
_____

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

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

_____
_____
_____

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:

_____
_____
_____

Additional Comments:

_____
_____
_____

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 QPC.Referrals@queensu.ca