PSYCHOLOGY CLINIC
at Queen's University

Queen's UNIVERSITY
Department of Psychology
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Tel 613.533.6021 Fax 613.533.3282

Sleep Therapy Service, Psychology Clinic at Queen's University
Referral Form

Please submit completed forms by fax (613.533.3282) or email (psycclin@queensu.ca)

The Sleep Therapy team includes doctoral Clinical Psychology students who are supervised by Dr. Judith Davidson, Ph.D., C. Psych.

Client Contact Information

Name: _____
First *Last*

Address: _____
Number, Street *City/Town* *Province* *Postal Code*

Phone: _____
Can we leave voice messages? *(Preferred contact #)* ☐ Yes ☐ No *(Alternate contact #)* ☐ Yes ☐ No

Email: _____
REQUIRED

Date of Birth: _____ Gender: _____
MONTH Day,Year

Family Doctor: _____
Name *Address*

Emergency Contact Person

Name: _____
First *Last*

Phone: _____
(Preferred contact #) *(Alternate contact #)*

Relationship: _____

Sleep Concerns

- ☐ Insomnia
- ☐ Shift Work
- ☐ Delayed Sleep Phase
- ☐ Other *(please specify)*: _____

Other relevant information:

_____

_____

Medical conditions (including other sleep disorders)

_____

_____

_____

Medications_____

_____

_____

_____

Referral Information *Please check if self-referral* ☐ *If external referral, please complete*

Referrer Name: _____ Phone: _____
First *Last*

Address: _____

Referral Date: _____
MONTH Day, Year

For Office (Leave Blank) Date Received:_____
QPC #:_____ Student:_____