

MIDDLESEX CLINICAL SERVICES



P.O. Box 238, 13252 Ilderton Road, Ilderton, Ontario, N0M 2A0
519-298-4688
MiddlesexClinical.com

REFERRAL FORM

Type of referral: ☐ Self-referral ☐ Inter-professional referral ☐ Family is aware of the referral

Practitioner Name: _____

Address: _____

Phone Number: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____

School: _____ Grade: _____

Primary Parent/Guardian: _____ Email: _____

Address: _____ ☐ Same as child

Home Phone: _____ Cell Phone: _____

Other Parent/Guardian: _____ Email: _____

Address: _____ ☐ Same as child

Home Phone: _____ Cell Phone: _____

Do you have extended health benefits? ☐ YES ☐ NO

Service being requested (select all that apply):

- ☐ Psychotherapy (note: practitioners from multiple disciplines provide this service)
- ☐ Psychological Assessment (psychoeducational and/or psycho-diagnostic)
- ☐ Psychology – Parent Consultation
- ☐ Occupational Therapy – Assessment
- ☐ Occupational Therapy – Intervention/Therapy

Additional Information: _____