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Referral form

Brantford Psychology is a private fee-for-service psychological clinic serving adult clients.

I am happy to accept referrals. Clients can also contact me directly.

If you would like to make a referral, please complete this form and mail it to the address above.

Client's name: _____

Client's date of birth: _____

Client's telephone number: _____

Reason for referral/presenting problems:

Additional comments:

Client has insurance coverage or can pay for services: Yes No Do not know

Referring physician/professional (please complete or use stamp):

Name:

Telephone:

Address:

Signed: _____ Date of referral: _____

If you have any questions, or would like to discuss your case over the telephone, please call me at (519) 717-3124.

Many thanks for your referral.