



Dr. Queenie Lo and Associates  
Psychology Clinic

557 Church Street, G/FI, Unit 1  
Toronto ON  
M4Y 2E2

tel | 416.901.0119  
fax | 416.901.0188  
email | info@queenielopsychology.com

**Referral Form**

Psychological services offered at Dr. Queenie Lo and Associates are fee-for-service. Your patients may have extended health care benefits that provide partial or full coverage.

<b>Patient Information</b>	<b>Referring Physician/Psychologist/Professional</b>
Name _____ Gender     M     F DOB _____ Phone _____ Address:	Date of Referral _____ Dr./Mr./Ms _____ Phone _____ Address:
<b>Referral Concerns/Presenting Problems</b>	<b>Services Requested</b>
Diagnoses (if any)	<input type="checkbox"/> Psychodiagnostic Consultation <input type="checkbox"/> Psychoeducational Assessment <input type="checkbox"/> Individual Counselling/Therapy <input type="checkbox"/> Parent Counselling
<b>Others/Additional information that may be relevant</b>	
Signature _____	

**Thank you for your referral!**