



Suite 305, 6155 North St.
Halifax, Nova Scotia, B3K 5R3
Ph:(902) 490-0090 Fax:(902) 490-0099
Email: info@aulakhpsychology.ca

Mental Health Referral Form

Please complete as much of this form as you can, or send me referral information in lieu of this form by email or fax. Alternatively, please feel free to call (902) 490-0090 to discuss a potential referral. Thank you for your time.

Client's name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Name of Caregiver(s) if client is a child or adolescent: _____

Address: _____

_____ Postal Code: _____

Phone (home) _____ (cell) _____

Name of referring person: _____

Phone _____ Fax _____

Address _____

Date _____

Family physician (if not referring person) _____

Referral for (check) Assessment/consultation _____ treatment _____

Reason for referral:

Relevant health / medical issues / medications / social issues/other:

Harpreet K. Aulakh
Registered Clinical Psychologist

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