



# BCA Neuropsychology Group

Practice in Clinical Neuropsychology and Rehabilitation  
214 Martindale Road , Unit 203, St. Catharines, Ontario, L2S 0B2

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## New Referral Information Sheet

### Intake Information:

Referral Source: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Nature of Referral: (i.e. assessment, treatment, etc) \_\_\_\_\_

### Concerns/Reason for Referral:

Client Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

**Funding Source:** Please note that Psychology Services are not covered through OHIP.

Self pay  Work Place Benefits  WSIB  SAB (Cat\_\_\_ Non-Cat\_\_\_ MIG\_\_\_)

### Auto Insurer Information:

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Adjuster: \_\_\_\_\_

\_\_\_\_\_ Claim #: \_\_\_\_\_

### Other Treatment Providers:

Case Manager:  Family Doctor:  Occupational Therapist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Rep:  Rehab Therapist:  Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Appointment Information: (to be completed by Office Staff at BCA Neuropsychology Group )

Psychologist: \_\_\_\_\_ Psychometrist: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Appt. confirmed with client: \_\_\_\_\_