West Coast
Psychological Services

Self-Referral Form

Today's Date:_____

Client Information				
First Name		**Last Name**		**Title:**
Address (City only)				**Age:**
Email				
Phone or Cell #:		**Fax:**		
Brief description of your concerns:				

Type of Assessment (choose more than one if applicable)

- ☐ Psychovocational / Career Planning
- ☐ Neuropsychological
- ☐ Psychological / Mental Health
- ☐ Psychoeducational / Learning Disability
- ☐ Psychoeducational / Learning Disability with ADHD
- ☐ Other

Purpose of Assessment

- ☐ Independent Medical Examination (IME)
- ☐ PWD application
- ☐ Medical-Legal
- ☐ None of the above

Please return completed form to our office by mail (#620-1285 W. Broadway, Van, BC V6H 3X8) or fax (604-709-0667). Our receptionist will connect with you within one business day of receiving your request. If necessary, Dr. Klancnik (or a designated Registered Psychologist from WCPS) will conduct a free phone consult with you to determine if an assessment would meet your needs.

We look forward to speaking with you.
Thank you for choosing West Coast Psychological Services.

Version 5.0