



Sunshine Mental Health  
*Psychology Services in Powell River, B.C.*

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## REFERRAL FORM

Sunshine Mental Health is a private, fee-for-service psychological clinic offering assessment and therapy for children, adolescents, and adults. Your patient will be assigned the earliest available appointment.

Patient name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Patient gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

\_\_\_\_\_

Patient telephone: \_\_\_\_\_

Reason for referral/presenting problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications, if any: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please complete or use stamp:*

Name of referring physician/professional: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Many thanks for your referral.  
*This form is available online at [sunshinementalhealth.com](http://sunshinementalhealth.com)*