



# HEALTHY MINDS *Clinic*

Dr. Balbinder Gill, MBBS, FRCPC  
Pediatrician (MSP# 24368)

Suman Jaswal, MA  
Registered Clinical Counsellor

#103, 13710 94A Avenue Surrey, BC V3S 5K7  
Phone: 604-782-8270 Fax: 604-273-6146  
Website: [www.healthymindsclinic.com](http://www.healthymindsclinic.com)  
email: [info@healthymindsclinic.com](mailto:info@healthymindsclinic.com)

## Referral Form

|   |                             |
|---|-----------------------------|
| <b>Date of Referral:</b>  |                             |
| <b>Patient Name:</b>  | <b>Referring Physician:</b> |
| <b>Address:</b>   | <b>Address:</b>             |
| <b>DOB:</b>   | <b>Phone #:</b>             |
| <b>PHN#:</b>  | <b>Fax #:</b>               |
| <b>Parent Name:</b>   | <b>Billing Number:</b>      |
| <b>Home Ph#:</b> <b>Cell #:</b>   |                             |
| <b>Presenting Problem:</b>  |                             |
| <input type="checkbox"/> Depression <input type="checkbox"/> ADHD <input type="checkbox"/> Developmental Delay    |                             |
| <input type="checkbox"/> Anxiety <input type="checkbox"/> Behavioural Problems <input type="checkbox"/> Psychosis |                             |
| <b>Referral Question:</b>   |                             |
| <b>Previous Diagnosis:</b>  |                             |
| <b>Current Medication and Dosages:</b>  |                             |
| <b>Referring Physician Signature:</b>   | <b>Date:</b>                |