

**Dr. Loren McMaster**

**Registered Psychologist (#1553)**

***Helping to find new understandings***

Referral for Psychological Assessment

Please fax to (778) 698-3917

Date:

Child Name:

DOB:

Parent Name:

Phone Number:

Reason for Referral:

* Psychoeducational assessment
* ADHD assessment
* Mental Health/Social-emotional assessment
* Gifted assessment

Notes/Comments: