

**Shikha Harish, MA, Psych
Registered Psychotherapist**

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Referral Form to be faxed at 905-230-4014

Probation Officer _____

Address _____

Phone Number _____

Fax _____

Name of the Client _____

Client's Contact Number _____

Reason for the Referral

Date the report/ letter is needed: _____ Please fax • The relevant file material regarding the client including a synopsis of the index offence (s), disclosure etc. • Any clinical or psychological reports in the file • Signed Consent form for two way communication

Signatures _____ Date _____

Note: The services are not covered under OHIP. However, these services are eligible for coverage under extended health care plans. If you have a health care plan, it is recommended you check with your plan provider to determine the extent of your coverage for the services of a registered psychotherapist. Please refer to my Fee Policy on the website