

Dr. Brian A. Scarth MD, FRCP(C)
Psychiatrist

White Rock ADHD Clinic
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White Rock, BC V4A 2Z4
whiterockadhdclinic.ca

Referral Form

PATIENT INFORMATION

Name:
Address:
DOB (D/M/Y):
PHN:
Telephone:
Patient email (Required):

Referral for Adult ADHD Assessment & Treatment

*This assessment includes cognitive testing not covered by the BC Provincial Medical Services Plan. Patient will be required to pay a fee of \$380.00

*Patient has been informed of the fee

Please provide further information as needed.

REFERRING PRIMARY HEALTHCARE PROVIDER INFORMATION

Name:	MSP #:
Address:	
Telephone:	Fax:
Signature:	Date (D/M/Y):

** Please email completed form to whiterockadhdclinic@gmail.com Faxed referrals will be rejected.