



Referral Form

Adults

Riverside Counselling is an individual, couples, and family counselling clinic that provides assessment and treatment for youth age 14-18 and adults 19+. The following information helps us to recognize what services you are seeking, understand how best to serve you, and prioritize our service time. Please let us know if you have any questions in regards to the referral process.

Referral Information		
Referral Date:	Referred by (name/title/phone#):	Intake Person:
Is client currently receiving services or had services in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom:	
Is client aware of the referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is family aware of the referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Demographic Information		
Client's Surname:	Given Name:	Preferred Name:
Identifies as:	Ethnic/Cultural Background or Aboriginal Origin:	Languages Spoken:
Date of Birth:	Age:	Care Card #(PHN):
Address (address, city, postal code):		
Alternate Address (if more than one):		
Primary Phone Number:	Okay to leave a message at this number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Numbers:	Okay to leave a message at this number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:		
Medications:	Family Physician:	
Family Information/Household Composition:		

Employment/Education Information:

Reason for Referral

Presenting Problems/Concerns:

Other Considerations (recent events, MCFD involvement, law involvement, substance use, etc.):

Is Suicide a Concern Today:

Yes No

(ADMIN USE ONLY) If yes, complete suicide risk assessment and plan Completed