Forging Forward Counselling Services

223-224 Pembroke Street West, Pembroke, ON K8A 5N2
Tel: 613-631-1097 / Fax: 613-775-0615
www.forgingforward.ca

Referral Form for Health Care Professionals

Referring Clinic:

Patient Name: Date of Birth: (mm/dd/yy)

Patient Email: Patient Phone:

Address of Patient:

Select Delivery of Service:

☐ In-person ☐ Tele-counselling ☐ Either

Preferred Gender of Counsellor:

☐ Male ☐ Female ☐ Either

Availability:

☐ Morning ☐ Afternoon ☐ Evening

Insurance Provider:

Not Applicable

* If the client's insurance provider is not on this list, we are unable to direct-bill at this time.

Select Type of Service Requested:

Group Treatment / Programs *

* Please only select Group Treatment / Programs if we have confirmed a relevant group will be running such as DBT Skills training, anger-management, perinatal support, etc).

Reason for Referral:

Risk Factors (suicide, self-harm, violence, substance abuse, etc):

Urgency:

1 - Not Urgent

Medications:

Attestation

☐ Patient has agreed to this referral without coercion or duress and consents to services

☐ Patient has consented to email communication including receipt of intake forms

Signatures

Clinic:

Patient:

Date:

Notice

Due to the confidential nature of this referral form, please submit this form by fax to 613-775-0615 or encrypted PDF to forging.forward.counselling@gmail.com only.