



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

Select Type of Service Requested:

Individual Counselling (Psychotherapy)

Couples / Family / Relationship Counselling

Trauma or Specialized Therapy

Group Treatment / Programs *

Unsure

* 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: (least, low, moderate, high, most)

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:

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.