Community Living Fort Frances and District Psychotherapy Services

338 Scott Street, Fort Frances, Ontario, P9A 1G9

Phone: 807-274-5556 ext.260

*Referral forms will be emailed directly to the following: Psychotherapy@clfortfrances.com*

**Referral Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information:**

Internal  External

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Date of Birth (DD/MM/YYYY):  Age: | Sex:  Male  Undifferentiated  Female  Decline |
| Street Address/Mailing Address:  City and Province:  Postal Code: | Home Phone Number:    Cell Phone Number:  Email: |
| Health Card #: | Status Card # (if applicable): |
| Suicide Risk:  High  Medium  Low  Not Applicable/No Risk | |

**Referral Source:**

|  |  |
| --- | --- |
| Referred by: | Relationship to client: |
| Self-Referral: | Signature: |

**Reason for Referral:**

|  |
| --- |
| (Provide a brief description): |
| *For physician/NP orders, please attach script or instructions.* |

**Additional information attached:**  Yes  No

**Office use only:**

|  |  |
| --- | --- |
| Referral received by: | Date: |
| Assigned to: | Signature: |
| Entered into client database: Yes  No  N/A | |