



Counselling Program Referral Form

Referral Guidelines

- To refer a client, please send this completed form to: Tom Littlewood, Program Director: tom@danslegacy.com, or Kent Danielson, Counselling Program Supervisor: kent@danslegacy.com
- All referrals are reviewed with our team at our weekly staff meeting and the assigned therapist will be in touch with the referred client the same week.
- Referring persons will be notified via email with the name of the assigned therapist and anticipated start date. Please note: any additional information sharing requires the client's consent.
- Some of our therapists have scheduled drop in days at our community partner locations and clients who may be in crisis and require help to stabilize the situation can be referred there. Therapists will follow the referral procedures and the client's information will be reviewed prior to assignment.
- While we cannot guarantee service, we will make every effort to make a great match for the client. We recognize a good relationship between the therapist and client is the best indicator for a successful outcome and may assign a client to another member of our team if required.

Referral Source Information

Name: _____ Date of Referral: _____
Agency/Relationship to Client: _____
Phone: _____ Email: _____

Client Information

Client Name: _____
Address: _____
Phone: _____ Email: _____
Parent/Guardian Name (if applicable): _____
Age: _____ Ethnicity: _____
Gender: _____ Gender Preference: _____

Description of client's behaviour:

Diagnosis (self or professional):

Prescribed medications and current/past substance usage:

Has client asked for specific therapist? Yes No

If yes, please specify: _____

For more information or to make a referral, please contact:

Tom Littlewood, Program Director
604.999.9136, tom@danslegacy.com

Kent Danielson, Counselling Program Supervisor
604.992.1594, kent@danslegacy.com

Internal Use Only

Referral Received Date: _____

Counsellor Assigned: _____ **Assigned Date:** _____