NORTHUMBERLAND COMMUNITY COUNSELLING CENTRE

Referral for Services

Please print and return / fax to the address / number below

Date:

Full Name:

Parent(s) / Guardian(s) Names - If for 18 & under: Relation:

Full Address:

City / Town: Postal Code: County:

D.O.B.: (DD/MM/YY) – Age (Today): Gender: Male Female Transgender

Home Number: Permission to leave message: Yes No

Cell / Other Number: Permission to leave message: Yes No

Permission to mail information? Yes No

Occupation: OW / ODSP: Marital Status:

Employer / School: Part-time or Full-time:

Do you / partner / parent have an Employee Assistant Plan with your / their employer? Yes No

Other agencies providing services:

Family Doctor: Are you able to attend Day or Evening Sessions?

Are you able to come in on short notice - Cancellation list? Are there any mobility/access issues?

Services Required? *Please circle all that may apply below.*

Individual Couple Family

GROUPS:

Moving Beyond Anger (Women's) | Managing Change Effectively Anger (Men's) | On-TRAC (Youth) | coupleTalk Workshop | Self Esteem

Thriving Together (Mother & Child) | Mother's In Mind© | Women's Survivor | Male Survivor

Referral Source:

Reason for Referral:

Crisis Currently? Yes No

4 County Crisis and / or Kids Help Phone given? Yes No

4CC - 1-866-995-9933 KHP - 1-800-668-6868

Referral Completed By:

800 Division St, Cobourg, ON K9A 0C7 - 905-372-6425 - Toll Free: 1-866-748-5720 - Fax: 905-372-0044

Revised: January 2013