



Northumberland Community
Counselling Centre
1158 Division Street
Cobourg, Ontario. K9A 5Y5

Phone: 905-372-6318 | Fax: 905-372-0044
Toll free in Northumberland County: 1-866-748-5720
Email: info@northumberlandccc.com

REFERRAL FOR SERVICES

This information is confidential and will assist in assessing your needs.
Please neatly print - once completed, please email or fax back to NCCC.

CONTACT INFORMATION

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Marital Status: _____ Gender: _____ Ethnicity/Race: _____

Parent / Guardian: _____ Relation: _____
(If referee is under 18 years of age)

Address: _____

City & Postal Code: _____

Phone: _____ Email: _____

I understand that providing my mailing address, phone number and email address (above) is giving explicit consent and permission to mail information and leave messages to NCCC. NCCC can use my contact information to correspond with me in all matters directly related to the provision of services (including but not limited to invoicing; appointment bookings; confirmations, cancellations and reminders; follow-up on services etc.)

Yes OW

Occupation: _____ Unemployed: No ODSP

Other agencies providing assistance/ services: _____

Family Doctor: _____ Are there mobility/ access issues: Yes No

Referral Source: Self Social Media/ Internet Family Hospital

Other: _____

Reason for Referral: _____



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PAYMENT REGARDING SERVICES: Fees for counseling are on a sliding scale.

I am aware that some services may require me to pay fees based on my income level.

SERVICES REQUIRED: Please check all that may apply

Counselling Services: (fees may apply): Individual Couple Family

Groups & Workshops (fees may apply):

Anger Management Group Anxiety/ Stress Workshop
 Healthy Relationships Workshops Mindfulness Group Trauma Group

Government Funded Counselling:

Child Witness of Domestic Abuse Child Abuse
 Violence Against Women (VAW) Male Sexual Survivor

Do you require information from 4 County Crisis, Walk In (NHH) and/ or Cobourg Emergency Hospital? Yes
 No

Emergencies: If this is an emergency please phone 911 or go to the nearest emergency

NCCC OFFICE USE ONLY

Approximate Income: _____ Payment/sliding scale: _____

Completed by: _____ Inputted into Athena: Yes
 No