



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

Phone: 905-372-6318
Fax: 905-372-0044
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. If this is an emergency, please phone 911 or go to the nearest emergency.

CONTACT INFORMATION

Name: _____ Date: _____

Age:	Date of Birth:	Marital Status:	Gender:	Ethnicity/Race:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)

Occupation: _____ Unemployed: Yes No | OW ODSP

Other agencies providing assistance/ services: _____

Family Doctor: _____ Is accommodation required?: 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.

Income Range: _____

Do you have Insurance Coverage?: Yes No

★ Please note, NCCC does not submit Insurance claims. You will be required to pay for your visit and submit to your benefit plan on your own.

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 Trauma Group

Healthy Relationships Workshops Mindfulness 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

- Community and Social Services Help Line: 211
- Four County Crisis: 1-705-745-6484 or 1-866-995-9933
- Northumberland Hills Hospital: 905-372-6811
- Walk-In Counselling Clinic: 905-377-7784

NCCC OFFICE USE ONLY

Insurance: Yes No

Income: _____

Payment/sliding scale: _____

Completed by: _____

Inputted into Athena: Yes No