



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

Have you previously obtained supportive services at NCCC? Yes No

First & Last Name: _____

Former Surname: _____

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 Number: _____ 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

Family Doctor: _____ Is accommodation required?: Yes No

Other agencies providing assistance/ services: _____ Referral Source: _____

Reason for Referral: _____

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

Income Range: _____ I am aware that some services may require me to pay fees based on my income.

Do you have Insurance Coverage?: Yes No You will be required to pay for your visit and submit to your benefit plan on your own.

SUPPORTIVE SERVICES REQUIRED: Please check all that may apply

Counselling Services:	Groups & Workshops:	Government Funded Counselling:
<input type="checkbox"/> Individual	<input type="checkbox"/> Anxiety/Stress	<input type="checkbox"/> Violence Against Women (VAW)
<input type="checkbox"/> Couple	<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Child Abuse
<input type="checkbox"/> Family	<input type="checkbox"/> Mindfulness	<input type="checkbox"/> Male Survivor Sexual Abuse
	<input type="checkbox"/> Trauma	

NCCC OFFICE USE ONLY

Insurance: Yes No Income: _____ Payment/sliding scale: _____

Completed by: _____ Inputted into Athena: Yes No