

# RUAH COUNSELLING CENTRE

The Lantern  
35 Barnes Road  
St. John's, NL  
A1C 3X1  
709-579-0168

## REFERRAL FORM

*Incomplete forms cannot be processed.*

Date Received: \_\_\_\_\_  
Signature: \_\_\_\_\_

(For office use only)

DATE OF REFERRAL: \_\_\_\_\_

Please advise if there is a change in your contact information

<b>CLIENT (Full Name):</b>		
<b>DOB (m/d/y):</b>	<b>AGE:</b>	<b>GENDER (Self-identify):</b>
<b>STREET ADDRESS:</b> _____		
<b>CITY:</b> _____	<b>PROVINCE:</b> _____	
<b>POSTAL CODE:</b> _____	<b>EMAIL:</b> _____	
May we email you? ___ Yes ___ No. Please note that email correspondence is not considered to be a confidential medium of communication.		
<b>Home:</b> Leave message? Yes/No	<b>Work:</b> Leave message? Yes/No	<b>Cell:</b> Leave message? Yes/No
<b>EMERGENCY CONTACT NAME AND RELATIONSHIP:</b> <b>Address:</b> <b>Phone Number:</b>		

## REFERRAL INFORMATION

<b>REFERRAL SOURCE (Self OR Name and Address of Agency)</b>	<b>TELEPHONE</b>
<b>SERVICE REQUESTED</b> (for example: individual, couple, family, group counselling):	
<b>REASON FOR REFERRAL/DESCRIPTION OF CONCERNS:</b>	
<b>CURRENT OR PAST THOUGHTS OF SUICIDE AND/OR ATTEMPTS OF SUICIDE?</b> Yes/No. If "Yes", explain.	

### GENERAL MEDICAL INFORMATION

<b>FAMILY DOCTOR: TELEPHONE #:</b>
<b>OTHER DOCTORS: TELEPHONE #:</b>
<b>MEDICAL CONDITIONS/DIAGNOSIS:</b>
<b>CURRENT OR PAST MENTAL HEALTH AND ADDICTIONS SERVICES USED:</b>
<b>MEDICATIONS (Current and Past):</b>

### COMMUNITY SUPPORT

<b>COMMUNITY SUPPORTS/SERVICES - CURRENT OR PAST:</b>
<b>OTHER SUPPORTS (e.g., Family, Friends):</b>

### OTHER

<b>PROBLEMS WITH AGGRESSIVE BEHAVIOUR? Yes/No. If "Yes", explain.</b>
<b>CURRENT/PAST LEGAL INVOLVEMENT? Yes/No. If "Yes", explain.</b>
<b>CHILD, YOUTH AND FAMILY SERVICES INVOLVEMENT? Yes/No. If "Yes", explain</b>
<b>Any additional information/special considerations. <u>Please include any mobility issues.</u></b>

**NAME (Print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

[Information collected will be used to process your request for counselling and will be confidential]