PRESENT HARBOUR COUNSELING REFERRAL FORM

Referral Date:

Client's

Full Name:
Date of Birth:
Phone Number:

Healthcare Provider:

CRPO Number:
Phone Number

Who is making this referral?

☐ Self-referral
☐ Family member/partner
☐ Healthcare provider
☐ Community organization
☐ Employer/EAP
☐ Other: _____

Areas You Would Like Support With

☐ Anxiety and stress
☐ Depression and low mood
☐ Trauma and difficult life experiences
☐ Grief and loss
☐ Relationship challenges
☐ Family concerns
☐ Self-esteem and confidence
☐ Identity exploration
☐ LGBTQ+ related support
☐ Cultural adjustment or migration experiences
☐ Life transitions
☐ Burnout and workplace stress
☐ Emotional regulation
☐ Neurodiversity support
☐ Social anxiety
☐ Other: _____

Additional Information

Is there anything else you would like us to know before beginning therapy?

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Fax: 647 424 2524

Download Our Application on Apple Store
Present Harbour: Panic Relief