THERAPY REFERRAL

Confidential Referral Form

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CONFIDENTIAL

This form helps STCC understand the client's needs and determine service suitability.
Completion does not guarantee acceptance or establish a therapist-client relationship.
Do not use this form for emergencies or urgent safety concerns.

Therapy Referral Form

Referral and client information

1. Referral Information

Date of referral *

Referral type

Service requested:

- ☐ Individual
- ☐ Child
- ☐ Adolescent
- ☐ Adult
- ☐ Family
- ☐ Reunification
- ☐ Other

2. Client Information

First name *

Middle name

Last name *

Preferred name

Date of birth *

Pronoun(s)

Gender identity

Sex

Email

Mobile phone

Home phone

Work / other phone

Street address

City

Postal code

3. Emergency Contact

Name

Relationship

Phone

Email

4. Funding and Insurance

- [ ] Jordan's Principle
- [ ] NIHB
- [ ] Agency contract
- [ ] Private pay
- [ ] Insurance
- [ ] Other

Insurance provider

Policy number

Member number

5. Funding Notes

Funding approvals, limits, billing contact, or other relevant information

6. Parent or Legal Guardian Information

Complete this section for clients under the age of majority or where a legal guardian is involved.

Parent / Guardian 1

Name

Relationship

Phone

Email

Address if different

Parent / Guardian 2

Name

Relationship

Phone

Email

Address if different

7. Child Living Arrangement and Legal Status

Child lives with: Parent 1 | Parent 2 | Both parents | Foster home | Other

Legal status if applicable

Is CFS involved? Yes | No

Current / previous

8. Agency Information

Agency requesting service

Agency address

Agency phone

Current case manager

Case manager phone / email

Current supervisor

Supervisor phone / email

Foster parent / caregiver

Foster parent phone / email

Additional agency instructions or referral requirements

9. Current Mental Health Concerns

- [ ] Anxiety
- [ ] Depression
- [ ] Racing thoughts
- [ ] Paranoia
- [ ] Behavioural challenges
- [ ] Eating disorder
- [ ] PTSD
- [ ] Addiction
- [ ] Trouble concentrating
- [ ] Unstable relationships
- [ ] Trauma
- [ ] Sudden emotional changes
- [ ] Other

Other concerns or additional detail

10. Suicide, Self-Harm, and Aggression

Suicidal thoughts? ○ Yes ○ No ○ Unsure

Current self-harm? ○ Yes ○ No ○ Unknown

Previous suicide attempts? ○ Yes ○ No ○ Unsure

If yes, describe attempts, dates, current plan, access to means, and protective supports

Aggressive behaviour toward: ☐ Self ☐ Others ☐ Property ☐ None

11. Substance Use

Is there a concern about substance use?

○ Yes ○ No ○ Suspected

- ☐ Alcohol
- ☐ Heroin
- ☐ Cannabis
- ☐ Ecstasy
- ☐ Prescription misuse
- ☐ OTC medication misuse
- ☐ Cocaine / crack
- ☐ Crystal methamphetamine
- ☐ Solvents / gasoline
- ☐ Fentanyl
- ☐ Illicit methadone
- ☐ Other

Describe frequency, current status, treatment history, and impact on functioning

12. Justice Involvement

Current or previous justice involvement?

○ Yes ○ No

Describe charges, probation, court dates, conditions, or other relevant involvement

13. Treatment History

Current medications, dosage, and prescribing provider

Therapeutic strategies used in the past and response to treatment

14. Psychiatric and Developmental History

☐ No previous psychiatric diagnosis ☐ Current or previous diagnosis ☐ Suspected diagnosis

Diagnosis details, dates, assessing professional, and current relevance

Developmental history: ☐ Autism ☐ ADHD / ADD ☐ FASD ☐ Other

Intellectual delay / cognitive impairment? ○ Yes ○ No ○ Unsure

Brain / head injury? ○ Yes ○ No ○ Unsure

Previous psychological assessment? ○ Yes ○ No ○ Unsure

15. Living and Financial Situation

Living situation

Housing stability

- [ ] Employed
- [ ] Unemployed
- [ ] Student
- [ ] Disability
- [ ] Employment and Income Assistance
- [ ] Self-employed
- [ ] Other

16. Cultural, Language, and Accessibility Considerations

Preferred language

Interpreter required? ○ Yes ○ No

Cultural, spiritual, religious, Indigenous, or community considerations

Accessibility, communication, sensory, mobility, or accommodation needs

17. Reason for Referral

Describe what led to this referral, including traumatic events, major incidents, or longstanding concerns *

Other important information, including family mental health history, stressors, strengths, risks, and protective supports

Primary goals for therapy

18. Referral Acknowledgement

- [ ] I understand this is a referral form and does not guarantee acceptance into therapy.
- [ ] I understand additional intake, consent, privacy, and funding documentation may be required.
- [ ] I confirm that the information provided is accurate to the best of my knowledge.
- [ ] I understand urgent or emergency concerns must be directed to emergency or crisis services.
- [ ] I understand electronic transmission carries privacy and security risks that cannot be completely eliminated.

Referrer / client name *

Role / relationship to client

Electronic signature / typed name *

Date *

Submission instructions

Save the completed PDF and submit it using the secure method provided on the STCC website.

Do not email urgent or emergency information.

For questions: (204) 818-2609 | sandi@stcc.ca

This form does not replace informed consent, service agreements, or formal intake screening.