



"BELIEVING IN POTENTIAL"

REACH COUNSELLING SERVICES

Contact Reach at:

(604)946-6622 Ext 347

Fax# (604)946-6223

counselling@reachchild.org

www.reachchild.org

REFERRAL FORM

Reach provides supports and services for children with special needs, ages 0 to 18, with a focus on early intervention and family-centred services. We believe in the potential of all children and their families, and work towards optimal child development.

Children, parents and guardians, siblings and other family members can be referred to Reach Counselling Services for brief counselling and a review of other resources to meet their needs.

Name of person being referred	Birthdate (if child)
Parent/guardian name	
Phone number	Can a message be left? _____
Email	
Address	
Referral source (contact info on reverse)	
Date of submitted referral (must be signed by parent or guardian before submitting)	

Reason for referral:

Please describe the reason for referral in 2-3 sentences:

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Referral Source Information:

[IMPORTANT] It is the responsibility of the referral source to talk to the RCS counsellor when this referral is made. This can be done in person, phone or email. The referral will not go through until this has been done and may result in delays in contacting the client.

Referral made by	
Reach Program (if applicable)	
Referral Source Phone number	
Referral Source Email	

Client or Guardian signature required:

Counsellors' ethical guidelines require a signed release of information before a counsellor can discuss any information about a client. This document, when signed by the client or guardian, will allow limited communication* between the counsellor and the referral source. Content of counselling sessions will not be shared with the referring person.

I, _____, have read all of the above and I give the referring source and the counsellor permission to communicate regarding this referral.

(Signature of client or guardian)

Date

(Signature of referral source)

Date

* Limited communication means that the counsellor will speak with the referral source to obtain preliminary background information about the client, in order to determine appropriateness and approach for counselling.

If this is an emergency or crisis, please contact the South Fraser 24 hour Crisis Line at 604-951-8855 (serves Delta, Surrey, Langley, and White Rock).

For office use only:

Date form received by counsellor	
Name of counsellor	
File made	
Meeting with referral source	
Date of initial contact with client	