

## Referral Form for Counselling Services at WECHC

**Please note:** Psychotherapy is a process where individuals work with a trained professional to explore their thoughts, feelings, and behaviors. To be effective, clients need to be motivated to actively participate and make positive changes in their lives

*There is currently a waitlist for counselling services.*

**Referrals are only accepted if the client is a resident of the Dutton Dunwich and West Elgin Municipality area and/or already assigned to our Primary Care Team; that is, they have a physician or nurse practitioner they see at the West Elgin Community Health Centre.**

Referrals that do not meet the criteria **will not be contacted** and the application for mental health services will be destroyed in accordance with strict confidentiality protocols.

*If your application for counselling is accepted, you will receive a letter confirming your position on the wait list.*

**It is very important to understand that this is not a crisis service. If you are in crisis, please contact REACH OUT at 1-866-933-2023 or dial 9-8-8 for immediate support.**

*All applications will be handled in a confidential manner and, if accepted, will become part of your medical file. If you do not have a medical provider at the Centre, a new record will be created with the information you provide. Please speak to our Privacy Officer for more information.*

*Thank you for your understanding.*

Do you reside within the West Elgin Municipality and the area of Dutton Dunwich?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you currently have a WECHC medical provider (doctor or nurse practitioner)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have an immediate family member (i.e. spouse, child, sibling, or parent) who is employed at WECHC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unsure



### Client information:

Legal Name (as it appears on your health card):	
Name you go by:	Age:
Date of Birth:	Gender:

### Referral source information:

Today's date:	
Referral source:	<input type="checkbox"/> primary provider <input type="checkbox"/> agency <input type="checkbox"/> self <input type="checkbox"/> parent
Referral source's contact information:	
Is the client aware of, and agreeable to, the referral?	<input type="checkbox"/> yes <input type="checkbox"/> unsure <input type="checkbox"/> no



### Residence and family information:

Client resides with (name):		
Relationship to referred client:		
Address:		
City:	Province:	Postal Code:
Home phone:	Other phone:	
Can a message be left at this number?	Can a message be left at this number?	

### Health information:

Health card number :	expiration date:
	version code:
Medical Provider:	Other :



**Other agency involvement:**

Name of agency	Past involvement (list dates)	Current involvement (list dates)

**Reason for requesting counselling:**

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**History of client:**

Is there a history of any of the following?	No	Past	Current (within the last 3 months)	Details
Diagnosis of mental illness				
Medication for mental illness				
Hospitalization for mental illness				
Thoughts of suicide				
Suicide attempt				
Self-harming behavior				
Legal involvement				
Violent behavior				
Physical abuse				



Is there a history of any of the following?	No	Past	Current (Within the last 3 months)	Details
Sexual abuse				
Emotional abuse				
Witness of family violence				
Other trauma				
Elder abuse (emotional, physical, financial, neglect)				
Head injury with loss of consciousness				
Intellectual challenges/learning disabilities				
Diagnosis of dementia or memory loss				

**Guardian information (regarding a child or youth):**

Parent name:		Parent name:	
Name of individual(s) who have legal custody:			
<p><u>*If parents are separated please provide the name(s) of all people who are formally recognized as having custody*</u></p>			
Address of Custodial Guardian			
City:		Province:	Postal code:
Home phone:		Other phone:	

**Thank you for taking the time to complete this form. Only fully completed forms will be processed.**