Chatrath Counselling Centre

Agency Pro Bono Referral Form

First Name: _____ Last Name: _____

Email: _____

Name of Referring Agency: _____

Name of Referring Person: _____ Email of Referring Person: _____

Name of Client: _____ Name of Guardian: _____

Client's Date of Birth (dd/mm/yyyy): _____ Grade of Client: _____

Phone Number of Client: _____ Email of Client: _____

Presenting Challenges or Concerns:

_____

_____

Has the client received a mental health diagnosis? ○ Yes ○ No

If so, which?: _____

Does the client/parent or guardian have insurance that covers costs of counselling services? ○ Yes ○ No

Up to what amount? ($): _____

Which credentials does the insurance policy require the service provider to have?: _____

☐ I confirm that the client is aware of this referral and is in agreement.

Notes (if any):

_____

Date / Time: _____

Consents

Appointment Notifications and Reminders: Email notifications of new, cancelled, and rescheduled appointments; email 7 days before appointment; email 2 days before appointment. Text Message (SMS): standard messaging & data rates may apply. Text message (SMS) 2 hours before appointment.