

REFERRAL FORM – please fax to: 778-732-0448 or  
 Email [counsellor@movingforwardfamilyservices.com](mailto:counsellor@movingforwardfamilyservices.com)



Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**Please note:** Our main office is in Surrey, where our free/low cost services are provided. In efforts to reduce barriers, we also offer services in other cities across the Lower Mainland and Fraser Valley; however, these sites are donated to us, and may not be available on days/times convenient to the client – thus they may need to come to our main Surrey site.

<input type="checkbox"/> No wait services with a Clinical Counsellor	<u>Fees</u> \$50 individual \$65 couples/families
<input type="checkbox"/> \$20 Intern Counsellors on practicum. Waits are 2-4 weeks. This service is only available in Surrey.	<u>Fees</u> Amount Client can pay \$ _____

Client advised that missed appointments without 24 hours' notice may result in a missed appointment charge, and that multiple missed appointments may result in cancellation of services

Client's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ (Y/M /D)

Parent/Guardian name(s): (if applicable) \_\_\_\_\_

CLIENT CONTACT: whenever possible we prefer to contact client by e-mail first and by text message second. If client does not have e-mail or cell phone then we will call.

Client e-mail: \_\_\_\_\_ Client cellular: \_\_\_\_\_

Home phone: \_\_\_\_\_ Can I leave detailed message? Y/N (If no, please assist client in calling us for an appointment at 778-321-3054).

Reason for referral / Special instructions: \_\_\_\_\_

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