Referral for Counselling Services
SHADE Consulting and Counselling

P.O. Box 22134, RPO Capri Centre, Kelowna, BC V1Y 9N9
Phone: 778-215-0132 Email: info@shadeconsulting.ca

Referral Date:	
Referring Source:	
Address:	
Telephone:	Email:

PLEASE COMPLETE IN FULL AND PRINT CLEARLY

Client's Surname:	Given Name:	Middle Name:
Marital Status	Identifies as: Female: □ Other: □ Male: □	DOB (DD.MM.YY):
Client's Address:		
Phone:	Work Phone:	Email (if applicable):
Family Contact/Next of Kin:		Relationship:
Phone:	Work Phone:	Email:
Contact Person: (if different from family contact)		Relationship:

REASON FOR REFERRAL (What are the current issues/concerns prompting this referral?) Attach a separate sheet if more space is required.

Has the client been treated for the reason for referral before?	NO ☐ YES ☐
If yes, with whom?	Dates of treatment:
Please attach any reports or discharge reports for this treatment.	

Language spoken by client:	
Is an interpreter required for the client?	NO ☐ YES ☐
Is an interpreter required for the family?	NO ☐ YES ☐

Diagnosis (if applicable):

Current Medications (if applicable):

PREVIOUS AND/OR CURRENT SERVICES:

☐	Developmental Disabilities Mental Health Services (please list psychiatrist & consultant)	Date:
☐	Community Living BC (CLBC) (Please list facilitator)	Date:
☐	Ministry for Children and Family Development (MCFD) (Please list social worker)	Date:
☐	School District (which): School (Current or most recent): Grade (if current): Program attended: Current teacher:	Date: Date: Date: Date: Date:

☐	Psychiatric care (Please list psychiatrist):	Date:
☐	Behavioural Consultant (Please list any consultants):	Date:
☐	Boundaries Program	Date:
☐	Counselling (Please list any counsellors)	Date:
☐	Art or Play Therapy (Please list any therapists)	Date:
☐	Other (Please detail):	Date:

Please attach any reports thought to be pertinent for this referral (ex. Sunny Hill, psycho-educational assessments, safety plan, IEP's, etc.).

Please note: Services from SHADE Consulting Ltd. are fee for service. Clients will be expected to acquire appropriate funding before services will be delivered. Outside funding can **sometimes** be sought through some of the following sources or services through SHADE Consulting and Counselling can be covered by some of these funding sources. It is the responsibility of the client to ensure funding although SHADE Consulting and Counselling may be asked to provide a service proposal or quotation to appropriate funding sources.

- Autism Funding Unit (Province of BC)
- Community Living BC (CLBC)
- Ministry for Children and Family Development (MCFD)
- Children and Youth with Special Needs (CYSN – MCFD)
- Some extended health benefits will cover counselling services

For office use only:

Intake Date:	Number of Hours Approved:	
Hourly Rate:	Funding Source:	Bill To:
Service Agreement Done: □ Yes □ No		