

Healing Path Wellness Centre

Client Referral form

The Healing Path Wellness Centre helps bridge the gap between individuals, families and appropriate support services by providing assessment, referrals, and cultural supports.

Individual Name (First, Last)			
Gender Identity	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____
			Birthday (M/D/Y)
Address			
Phone Number			Languages Spoken
Email		County Origin:	

<input type="checkbox"/> Personal/general Life Stressors including stress related to: <ul style="list-style-type: none"> <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Family and relationships <input type="checkbox"/> Employment 	<input type="checkbox"/> Addiction <input type="checkbox"/> Trauma <input type="checkbox"/> Other
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Note:

*Please complete the following section if this application is **not** a self-referral.*

Referred By (Name & Relationship)	
Referral Date (M/D/Y)	Referral Phone Number
Referral Email	

Individual Signature: _____

Date: _____

Referral Signature: _____

Date: _____

Free & Confidential

