

## COMMUNITY COUNSELLING REFERRAL FORM

**Please submit the referral form by email or fax.**

If you have any questions or would like support with completing this form, please contact us by email or phone.

Phone: 416-924-2100 x245

Email: [community.intake@ctys.org](mailto:community.intake@ctys.org)

Fax: 416-924-2930

### Which program are you making a referral to?

Visit [www.ctys.org](http://www.ctys.org) for specific program criteria.

☐ Community Outreach

☐ Pride and Prejudice

☐ Brief Counselling

Referral Date: (DD/MM/YY):

Reason for referral:

### Client Information

Last Name:

First Name:

Pronouns:

Date of Birth (DD/MM/YY):

Age:

\*Address:

Number/Street/Apt.

City

Postal Code

Phone:

Email:

Preferred Method of Contact:

Language(s):

Interpreter required: ☐ YES ☐ NO

### Referral Source Information (if different from above)

\*Do not complete this section if you are self-referring to Community Counselling

Name:

Agency (if applicable):

Address:

Number/Street

City

Postal Code

Phone:

Email: :

Relationship to young person

## Signature and Consent

If you would like to review the consent process with a CTYS staff and/or provide verbal consent, please email or call us.

Please sign below to confirm:

- Client is aware and consenting of referral
- Client understands that CTYS will keep a private and confidential record of the services the client accesses (i.e. this referral form, email/phone communications, etc.).
- Client understands that there are certain instances where CTYS is permitted or required to share information without consent, including:
  - o CTYS must report suspected abuse and/or neglect, as well as any protection concerns of a child under the age of 16 years. Suspected abuse and/or neglect of youth age 16 and 17 may also require reporting.
  - o Staff must activate emergency services when there is imminent risk of serious harm to self or others.
  - o As requested by court order, subpoena, or legal authorities.
  - o As required by regulated health professional colleges and legislation in cases of professional misconduct.

Client Signature:

Date of Client Consent:

Please check here if verbal consent was obtained from client ☐

Name of Additional  
Participant

Relationship to client:

Date:

Signature: