WellJourney Services
Psychotherapy and Counselling Services
Phone: 647-205-8489
Email: info@welljourneyservices.com
Website: www.welljourneyservices.com

Psychotherapy and Counselling Referral Form

Client´s information

Client´s name: ______________________________

Preferred name: ______________________________

Preferred Pronouns: ______________________________

D.O.B.: ____________________ Gender: Female ◯ Male ◯ Trans ◯ Self-Identify __________

Phone number: ______________________________ Voicemail: Yes ◯ No ◯

Address: ______________________________

Email Address: ______________________________

Services Requested

◯ Individual Psychotherapy
◯ Couple´s Counselling
◯ Psychotherapy for Refugees
◯ Trauma Counselling
◯ Psychotherapy for Newcomers
◯ Other

Reasons for requesting services/Current symptoms:

Anxiety symptoms:	**Depression symptoms:**	**Sleep disturbances:**	**PTSD symptoms:**
◯ Restlessness ◯ Nervousness ◯ Constant worries ◯ Memory issues ◯ Lack of concentration ◯ Physical symptoms (lack of breathing, increased heart rate, sweating, trembling)	◯ Sadness ◯ Lack of energy ◯ Lack of motivation ◯ Disturbing thoughts ◯ Irritability	◯ Difficulties falling or staying asleep ◯ Nightmares	◯ Primary or secondary trauma ◯ Flashbacks ◯ Emotional distress ◯ Negative mood ◯ Hypervigilance ◯ Hyper reactivity

Diagnosis / symptoms / comments:

Referring Professional

◯ Family Doctor
◯ Nurse practitioner
◯ Psychiatrist
◯ Other
◯ **Address/Stamp:**

NAME: ____________________

DATE: ____________________

____
Signature

PLEASE EMAIL TO: info@welljourneyservices.com