Referral Form

DALHOUSIE UNIVERSITY

Social Work Community Clinic
5595 Fenwick Street, Suite 100
Halifax, NS

Date: _____

Referral Source	**Client Information**
Organization: _____	Name: _____
Name: _____	Contact Information: _____
Contact Information: _____	HRM location: _____

Reason for referral – Check all that apply

☐ Form Filling	☐ Food Security
☐ Income Supports	☐ Occupational Therapy
☐ Eviction Prevention / Housing Support	☐ Pharmacological Supports
☐ Case Management	☐ Psychological Therapy / Assessment
☐ Supportive Counselling	

Please provide more detail:

What areas have already been worked on?

Where else have you referred?

Has this referral been discussed with the client?

☐ Yes

☐ No