



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

Date: _____

Referral Source: _____

Contact information: _____

Client name: _____

Contact information: _____

What part of the Halifax Regional Municipality do you reside in?

Reason for referral – core issues?

What areas have already been worked on?

Where else have you referred?

Has this referral been discussed with the client?

