

**Referral Form for Counselling Services**

**Dawn Horner-Wilson, MC, CCC**

Horner-Wilson Counselling Services, Inside Out Therapies

110 Central Street, Warman SK

[dawnhornerwilson68@gmail.com](mailto:dawnhornerwilson68@gmail.com)

306-230-7443

**Date of Referral:** \_\_\_\_\_

Is the client aware of this referral (circle one)?      **Yes**              **No**  
Is this referral urgent (circle one)?                      **Yes**              **No**

**Client Information:**

Name: \_\_\_\_\_

Gender (Circle one): **Male**   **Female**   **Other**

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referral Information:**

Name of Referring Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for Referral**

**Relevant Medical/Psychological History**

Does the client have a past history of aggression (circle one)?      **Yes**   **No**   **Not Sure**  
Does the client present with self-harm or suicidal behaviour (circle one)?      **Yes**   **No**   **Not Sure**

**Referral Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_