Bridges
Community Health Centre
Fort Erie and Port Colborne/Wainfleet

Professional Counselling Referral Form

Fort Erie Site - Telephone: 905- 871-7621
Fax: 905-871-9135

Port Colborne Site: Telephone: 289-479-5017
Fax: 905-835-7756

Patient Name: _____ Last Name _____ First Name		**Gender:**
DOB:	**Health Card Number (including version code)**	**Contact Telephone Number:**
Email address:		
Address: _____ **Street** **Apt. #** **City/Town** **Postal Code**		
Language Spoken:	**Interpreter Required:** Yes ☐ No ☐	

Reason for Referral: (Please include any safety and/or risk concerns)

Previous or current mental health diagnosis: _____

Please list any medications prescribed to assist with mental health diagnosis and treatment:

Is patient currently working with a psychiatrist? Yes ☐ No ☐

Physician/Nurse Practitioner Signature:	**Date of Referral:**
Physician/NP Name:	
Address:	
Phone:	**Fax:**

Bridges CHC Office Use

Date Received:	
Triaged by:	**Appointment Scheduled For:**