

REFERRAL AND REQUEST FORM

Please complete and return to Angela DeVries (angela@distresscentredurham.com) or Fax to 905-430-1381.

SERVICES REQUESTED

	Community Call-Out Program
	Senior's Reassurance Call-Out Program
	Suicide Survivor Bereavement Support

CLIENT INFORMATION

First and Last Name		
Date of Birth		
Mailing Address		
Phone Number: <i>Please indicate if number is a landline or cell</i>		
Permission to leave message?	Yes	No
E-mail Address		
Reason for Referral – Please Describe Presenting Concerns		
Referral Source – Name and Contact Info		
Is the client aware of this referral?	Yes	No
Today's Date		

For Office Use Only

Initial Contact Date		
Message Left	Yes	No
Staff Member		
Remarks		

TELEPHONE HELPLINES

Local: (905) 430-2522 | Durham Region: 1 800-452-0688
 Prideline Durham: 1 855-877-7433