Attention: Dr. Cindi Saj, RSW  
778-267-6676

cindi@guidebookconsulting.ca  
www.guidebookconsulting.ca

**CLIENT INFORMATION** *Client to be referred is: (Circle one) Child 4-12 Youth 12-19 Adult (19 years +)*

*Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Parent/Guardian Name (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Relationship to Child/Youth (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Status number of client* *(if using FNHA funding*): \_\_\_\_\_\_\_\_\_\_\_\_\_

*Insurance number* *(if applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR REFERRAL:** *(Please provide a brief description of the concerns or issues prompting the referral, including any relevant history.)*

**TREATMENT GOALS:**  
*(What does the referring party hope the client will achieve through therapy?)*

**ADDITIONAL INFORMATION:**  
*(Please include any pertinent medical history, current medications, or risk factors.)*

**PARENT/GUARDIAN CONSENT**

I, the undersigned, hereby consent to the referral of my SELF, CHILD OR YOUTH named above to Dr, Cindi Saj for psychotherapy services at Guidebook Consulting.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL SOURCE INFORMATION**

Referrer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to Client (e.g., support worker, teacher, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your referral!***

**Please send completed forms to:**  
[cindi@guidebookconsulting.ca](mailto:cindi@guidebookconsulting.ca)

Dr. Cindi Saj from Guidebook Consulting will contact the client to discuss the next steps.