



## Breaking BARRiers

Referral Form – Spring 2023

**Contact Information:**

Name of Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Message ok? Y N

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Home Cell Email

Parent/Caregiver: \_\_\_\_\_

School (if attending): \_\_\_\_\_

**Referral Source:** Please check if self-referral If external referral, please complete:

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

Agency/School/Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is the youth aware of the referral? Yes No

**Reason for Referral:**

**Additional Comments:**

Please return completed forms to:

**Kristine Robles**

Registered Clinical Counsellor

[krobles@touchfam.ca](mailto:krobles@touchfam.ca) PH: 604.207.5042

Touchstone Family Association

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