**Crystal Johnson Counselling**

Crystal Johnson, M.Sc., MCP, RCC, RSLP

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Crystal Johnson Counselling is a private, fee-for-service psychological clinic offering one-to-one therapy for individuals with health and medical concerns. Particular focus areas include communication disorders (Crystal Johnson is also trained as a Speech Pathologist), chronic disease and end-of-life/palliative concerns.

Date of referral:

Patient/Client Name:

Date of Birth: Telephone: Email:

Reason for Referral:

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 Communication Disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chronic Disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 End-of-Life Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Family/Caregiver of person with any of the above concerns

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Details: ­­

Referring physician/professional (please complete or use stamp):

Name:

Address:

Telephone:

Signature:

Much gratitude for your referral.

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