



**446 Grey Street Unit 205  
Brantford On  
519 820-6522  
Fax: 226 325-8255**

**Client Information**

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

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

Gender M /F prefer not to say (please circle)

**Contact Number:** \_\_\_\_\_ Okay to Text    Message this Number? Y/N

**Emergency Contact Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Email for appointment reminders and Invoices** \_\_\_\_\_

**Please pick one**

NIHB: Please add your 10-digit status number

Private Pay

MVA

VQRP

Work Insurance (Must always be used first)

**Reason for Services (Short Description)**

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**ReferralSource** \_\_\_\_\_

**Please pick where client would prefer services.**

- Online/Zoom
- Telehealth
- In person (office) Brantford
- In person at (office) IVS on reserve

The Couch offers a variety of modalities, and this can be discussed with the client and clinician. If a client has a particular modality they are seeking; please check from the list below to better place the client with the clinician.

Referral Form



- EMDR (Eye movement desensitization and reprocessing)/Somatic online
- CBT (Cognitive Behavioral Therapy)
- DBT (Dialectical Behavioral Therapy) Usually in a group format
- SFBT (Solution Focused Brief Therapy)
- Trauma Informed
- Play Therapy
- Polyvagal
- NeurOptimal (Not Therapy)

Once completed please call *The Couch Counselling and Support Services* at **(519) 820-6522** Fax: **(226) 325-8255** (alternate Fax number 519-753-7877) or email [Thecouchcounselling@gmail.com](mailto:Thecouchcounselling@gmail.com).

\*Please discuss with your client that referral to another health professional indicates implied consent to share information. The Couch Counselling and Support Services staff will follow up with specific discussions about express consent to participate in the assessment and treatment services. \*