



Healthcare Professional Referral Form

HELLO SOCIAL WORKERS | Integrated Social Work and Psychotherapy

Please complete this form with the client's consent and include only information relevant to the referral.

Date of referral _____	Referral priority ☐ Standard ☐ Semi Urgent ☐ Urgent
Preferred service ☐ Psychotherapy ☐ Social Work	☐ Case management ☐ System navigation ☐ Unsure

Client Information

Legal name _____	Preferred name _____
Date of birth _____	Pronouns _____
Phone _____	Email _____
Address _____	City and postal code _____

Preferred contact: ☐ Phone ☐ Voicemail permitted ☐ Email ☐ Text ☐ Other: _____

Language(s): _____ Interpreter required: ☐ No ☐ Yes Language: _____

Accessibility, cultural, faith, identity, communication, or scheduling considerations: _____

Referral Information

Primary reason(s) for referral - check all that apply:

- ☐ Anxiety or stress ☐ Depression or low mood ☐ Grief or loss ☐ Trauma-related concerns
☐ Life or health transition ☐ Relationship or family concerns ☐ Parenting or youth support
☐ Newcomer or refugee settlement ☐ Older-adult concerns ☐ Caregiver support
☐ Case management ☐ System navigation or resources ☐ Other: _____

Presenting concerns, relevant history, current stressors, and requested support:

Relevant diagnoses or medical conditions, if applicable:

Current supports, services, and involved providers:

Relevant medications (optional): _____

Insurance or funding information, if known: _____

Safety and Clinical Considerations

Current or recent concerns - check all that apply:

- ☐ No known immediate safety concerns ☐ Suicidal thoughts ☐ Self-harm ☐ Risk to others
☐ Abuse, neglect, or exploitation ☐ Intimate-partner violence ☐ Substance-use concerns
☐ Psychosis or severe disorganization ☐ Housing insecurity ☐ Other: _____

Details, protective factors, safety plan, and actions already taken:

Hello Social Workers is not an emergency or crisis service. If there is immediate danger or urgent medical or psychiatric risk, call 911 or direct the client to the nearest emergency department. Use local crisis services when clinically appropriate.

Client Consent

Please confirm:

- ☐ The client or authorized substitute decision-maker has consented to this referral.
☐ The client understands that Hello Social Workers may contact them about services.
☐ The client consents to communication between Hello Social Workers and the referring provider for care coordination.

Consent provided by: ☐ Client ☐ Substitute decision-maker ☐ Other authorized person

Name and relationship, if applicable: _____

Referring Professional

Name _____	Professional designation _____
Organization or practice _____	Role or department _____
Phone _____	Fax or secure email _____
Address _____	City and postal code _____

Preferred follow-up: ☐ Confirmation received ☐ Client accepted ☐ Client declined/unreachable ☐ Consultation requested

Referrer signature: _____ Date: _____

Submit Referral

Email: contact@hellosocialworkers.ca **Website:** www.hellosocialworkers.ca

Phone: _____ Secure fax (if available): _____

Please use a secure method to transmit personal health information. We will contact the client to discuss service suitability, availability, fees or funding, and next steps.