



Young Adult
Mental Health

Stella's Place Referral Form

Please print, complete and fax to 844-321-8486 or hand deliver to 18 Camden St.

Anyone can make a referral to Stella's Place. This can include young adults themselves (self-referral), families, teachers, health care professionals, and staff from other agencies and organizations. Once we have received this form, we will contact you for more information depending on the program or activity of interest.

People age 16 and over are required to consent to receive services. *If you are not a young adult making a referral for yourself, please ensure that you have spoken to the young adult about this referral.*

Today's Date:

Information about the young adult

I am self-referring (Yes or No):

Name:

Age:

Address:

Phone Number :

Can we leave a voicemail? (Yes or No):

Can we text you at this number? (Yes or No):

note we will not communicate personal health information via text

Email address:

By listing an email address and communicating by email, you confirm that Stella's Place may contact you by email and are aware that email is not entirely secure

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Reason for Referral:

Strengths & Goals:

Programs/Activities of Interest:

Any special needs, concerns or other information you would like to tell us about:

Is there a counsellor preference? (ie. male/female)

What is your general availability for appointments?

If this is not a self-referral please complete the following:

Name:

Organization:

Relationship to young adult:

Phone number:

Email Address:

By listing an email address and communicating by email, you confirm that Stella's Place may contact you by email and are aware that email is not entirely secure

Is the young adult aware of this referral? (Yes or No)