Alma ● Tignish ● Wellington

Service Referral Form

therapy@elmgrovecentre.ca
Tel: 902-806-2257 Fax: 902-853-2342

Name of Client:	Date of Birth:	Gender:
Parent/Caregiver:	Provincial Health Number:	
Preferred Language: ☐ English ☐ French		
Address:		
Phone Number:	Email:	
Reason for Referral:	☐ Mental Health ☐ Equine Assisted Therapy	☐ Occupational Therapy ☐ Physiotherapy
Please briefly describe your interest in services at Elm Grove Centre:		
Relevant Diagnosis:		
Other Services Involved:		

Referral Source Information: ☐Professional ☐ Self	
Name:	Phone:
Signature:	Date:

For office use only

Date Referral Received:________________________