



Breaking BARRiers

Referral Form – Spring 2023

Contact Information:

Name of Youth: _____

Date of Birth: _____ Pronouns: _____

Address: _____

Home phone: _____ Message ok? Y N

Cell phone: _____ Email: _____

Preferred method of contact: Home Cell Email

Parent/Caregiver: _____

School (if attending): _____

Referral Source: Please check if self-referral If external referral, please complete:

Name: _____

Agency/School/Title: _____

Telephone Number: _____

Is the youth aware of the referral? Yes No

Reason for Referral:

Additional Comments:

Please return completed forms to:

Kelly Gault

Registered Clinical Counsellor

kgault@touchfam.ca PH: 604.207.5024

Touchstone Family Association

210-3031 Viking Way,

Richmond, BC V6V 1W1

