



Alma • Tignish • Wellington

## Service Referral Form

[therapy@elmgrovecentre.ca](mailto:therapy@elmgrovecentre.ca)  
Tel: 902-806-2257 Fax: 902-853-2342

Client Information		
Name of Client:	Date of Birth:	Gender Preference:
Parent/Caregiver:	Provincial Health Number:	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French		
Address:		
Phone Number:	Email:	
Reason for Referral:	<input type="checkbox"/> Mental Health <input type="checkbox"/> Equine Assisted Therapy	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy (starting in September 2023)
Comment:		
Please briefly describe your interest in services at Elm Grove Centre:		
Relevant Diagnosis:		
Other Services Involved:		

Referral Source Information: <input type="checkbox"/> Professional <input type="checkbox"/> Self	
Name:	Phone:
Signature:	Date:

For office use only

Date Referral Received: \_\_\_\_\_