RICHMOND COUNSELLING & WELLNESS

Refer a Client

Note: Richmond Counselling & Wellness does not provide crisis intervention. Individuals experiencing acute risk or requiring urgent support must access emergency or crisis services prior to starting therapy with our team.

All fields marked with an asterisk are required.

*Referrer's Full Name

*Professional Role / Relationship to Client

*Referrer's Phone

*Referrer's Email

*Client's Full Name

*Client's Date of Birth

*Client's Phone or Email

*Reason for Referral / Presenting Concern

Preferred RCCC Clinician (if known)

Preferred Days/Times for Contact

Type of Counselling Requested

- (●) In Person
- ( ) Virtual
- ( ) Hybrid

Please email your completed form to lynn@richmondcounselling.com

Once we receive this referral, our office administrator will contact the client directly in 2-3 business days. We will attempt to match the client to the therapist best suited to their needs, availability, and preferences. If we are unable to place the client, we will inform you and recommend other agencies or clinics where possible.