Kelly Mental Health
Phone: 1 (807) 767-3888
Toll-free: 1 (833) 467-0275
Email: info@kellymentalhealth.com
Address: 1226 Dawson Rd.
Thunder Bay, ON P7G 1H7

REFERRAL FORM

Client Name: _____

Date of Birth (YYYY/MM/DD): _____

Address: _____

Phone Number: _____

Email: _____

Primary Contact: _____

Status Number (if applicable): *(10 digits)* _____

Indian Residential School (IRS) - Resolution Health Support Plan: Yes / No
Attendees and their family members who do not hold a status number may be eligible for extended benefits for counselling services.

Name of Attendee: _____
Relation: _____
Attendee's Date of Birth (YYYY/MM/DD): _____

Reason for Referral: _____

Date of Referral: _____

Referred By: _____

Referrer's Preferred Method of Contact: Phone / Email / Fax

How would you like to receive appointment confirmations? Email / Text Message / Phone Call
Please circle all that apply and ensure to provide your most up-to-date contact information.

**This referral form can be downloaded from our website at www.kellymentalhealth.com*