PROACTIVE
THERAPY SERVICES

Email: proactive@proactivetherapyservices.ca
Website: www.proactivetherapyservices.ca
Phone: (506) 363-3113 **Fax:** (506) 363-8118
PO Box 7053, RPO Brookside Mall
Fredericton, NB E3A 0Y7

REFERRAL FORM

REFERRING AGENCY:_____

Address:_____ Telephone: _____
Fax: _____

Contact Person: _____ E-mail: _____

CLIENT: _____ Claim/File Number: _____

Address: _____ Telephone: _____

Date of Birth: _____

Occupation: _____ Date of Injury: _____

Diagnosis and relevant information: _____

_____

_____

_____

_____

PHYSICAN: _____ **Telephone:** _____

Fax: _____

Treatment providers at Base MH clinic: _____ **Telephone:** _____

_____

Other relevant treatment providers: _____ Telephone: _____

_____ Fax: _____

FUNCTIONAL REHABILITATION

- Home Assessment
- Cognitive Rehabilitation
- Assessment of Motor and Process Skills
- Progressive Goal Attainment Program(PGAP)
- Other Mental Health Intervention-ie, Behavioral Activation

Is client aware of referral to Proactive Therapy Services and for recommended service? **Yes** ☐ **No** ☐
Should we be aware of any personal safety concerns when providing service to this client? **Yes** ☐ **No** ☐
Should we see this client alone or accompanied with another person? **Yes** ☐ **No** ☐

Comments: