

Referral form

Naria Foundation is a non-profit organization providing evidence-based counselling and psychosocial support for individuals experiencing trauma, stress-related conditions, complex grief, and major life transitions, with a focus on those facing financial barriers.

Services are accessed through referral by a qualified health or social care professional. Following referral, Naria Foundation may contact the client and/or referring provider to complete the intake process and assess eligibility.

All services are guided by experienced healthcare professionals and are intended for individuals who can benefit from counselling-based interventions. The Foundation does not provide care for conditions requiring **urgent or acute psychiatric treatment or primary pharmacological management**.

Client consent is required to proceed with contact and assessment.

Referring Professional Information:

Date:

Name :
Title/Role:
Organization:
Phone:
E-Mail:
Address:

Client Information:

Name :	Family Name:	
Preferred Name:		
Pronounced:		
Date Of Birth:		
Phone:	Alternative Phone:	
E-Mail:		
Address:		
Preferred Method of Contact: Phone	E-Mail	Other:
Alternative Contact Name:	Relationship:	
Phone:	E-Mail:	

Clinical Information:

<ul style="list-style-type: none">● Presenting concerns / Diagnosis: _____● Relevant background (brief): _____ _____

Requested Support

- Individual counselling
- Trauma-focused therapy
- Grief support
- Group support
- Other: _____

Service Preference

Please indicate your preferred arrangement for counselling services:

- Referring provider will continue providing counselling services to referred client
(Naria Foundation will contact you to review credentials and confirm eligibility for collaboration)
- Request therapist matching through Naria Foundation

Consent and Acknowledgment


All of the following items must be reviewed and acknowledged by selecting each checkbox in order for this referral to be processed.


- I confirm that the client has provided informed consent for this referral
- I consent to Naria Foundation contacting the client directly
- I understand that Naria Foundation staff may contact me and/or the client to obtain additional information for the intake and eligibility assessment process
- I acknowledge that the client is required to review and sign the attached consent form

Next Steps

Upon receipt of the referral:

- Naria Foundation staff may contact the client and/or referring provider to complete the intake process
- Eligibility will be reviewed by Naria Foundation's Mental Health Consultant(s)
- If approved, the client will be matched with an appropriate therapist

Please email the completed form to:  Info@nariafoundation.com

For more information, please visit:  www.nariafoundation.com

All information submitted will be kept confidential and used solely for the purpose of intake, eligibility assessment, and coordination of care, in accordance with applicable privacy regulations.

CONSENT FORM

Your personal information will be treated with the utmost confidentiality. A secure electronic record will be maintained and may include referral information, intake forms, relevant medical or psychological history, and related communications (e.g., email or phone correspondence).

By signing this form, you:

- Authorize Naria Foundation staff to collect, access, and maintain your information for the purposes of intake, assessment, and coordination of care.
- Consent to being contacted by Naria Foundation staff (by phone or email) to initiate and complete the intake process.
- Consent to the sharing of relevant information with professionals involved in your care, including your assigned therapist.

Role of Naria Foundation

I understand that Naria Foundation facilitates and may provide financial support for access to counselling services but is not responsible for the clinical outcomes or results of the therapeutic process.

Acknowledgment and Consent

I, _____, confirm that I have read and understood the information provided above. I acknowledge the nature, purpose, and potential risks of assessment and counselling services, and I voluntarily consent to proceed.

Signature of Client: _____

Date: _____

For Clients Under 19 Years of Age

Parent/Guardian Name: _____

Relationship: _____

Signature: _____

Date: _____