



*Canada and Associates  
Philadelphia, PA 19126  
267-428-1202 – phone  
[info@canadabehavior.com](mailto:info@canadabehavior.com) – email*

**Referral Form for Individual Behavioral Health Services**

**Referring Agency/Individual:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Contact Information (Phone/Email):** \_\_\_\_\_

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**I. Reason for Referral** (*attach additional documentation if needed*)

(Please provide a brief description of why the client is being referred for **Individual Services**):

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**II. Relevant Background Information** (*attach additional documentation if needed*)

Please provide the client's relevant medical, behavioral, or educational history:

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**III. Goals for Services** (*attach additional documentation if needed*)

(Please specify the goals the client is expected to achieve through **Individual Services**):

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**IV. Referral Source Information** (*attach additional documentation if needed*)

(Name, position, and contact details of referring professional):

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**Signature of Referring Professional:** \_\_\_\_\_

**Date:** \_\_\_\_\_