



Centrepoint Clinical Counselling &  
Psychotherapy  
Referral Form

JOELLE LAZAR, MA, RCC

Suite 201-1037 West Broadway  
Vancouver, British Columbia V6H 1E3  
Tel: (604) 788-2804

e: [joelle@centrepointpsych.com](mailto:joelle@centrepointpsych.com)

w: [www.centrepointpsychotherapy.com](http://www.centrepointpsychotherapy.com)

Scheduler: <https://centrepointpsychotherapy.fullslate.com/>

Joelle Lazar Centrepoint Psychotherapy is a private, fee-for-service psychotherapy clinic offering specialized, one-to-one, couples, and family therapy for those impacted by anxiety, depression, personality disorders, life transitions, and relationship difficulties. Many patients have coverage for my services through their workplace or extended health benefits plans. In most circumstances, new referrals will be contacted within 24 hours.

Date of Referral: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Referral/Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications, if any: \_\_\_\_\_

\_\_\_\_\_

Referring Physician/Professional (please complete or use stamp):

Telephone:

Address:

Signed:

Many thanks for your referral.

T: (604) 788-2804 E: [joelle@centrepointpsych.com](mailto:joelle@centrepointpsych.com) W: [www.centrepointpsychotherapy.com](http://www.centrepointpsychotherapy.com)

Suite 201-1037 West Broadway, Vancouver BC V6H 1E3