



Centrepoint Clinical Counselling &
Psychotherapy
Referral Form

JOELLE LAZAR, MA, RCC

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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.

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