The Breathing Space Therapy – Referral Form

20 Hobson Street, Room 105, Cambridge, ON
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www.thebreathingspacetherapy.com

About Us: The Breathing Space Therapy is an integrative clinic offering psychotherapy, medical, and social services for individuals navigating mental health, trauma, and addiction.

Referrer Information	
Name:	
Title/Organization:	
Phone/Email:	
Client Information	
Client Name:	
Date of Birth:	
Phone/Email:	
Presenting Concern / Reason for Referral:	
Preferred Clinician (optional):	
Consent to Share Information:	■ Yes ■ No
Referrer Signature:	
Date:	

Thank you for referring to The Breathing Space Therapy. Our team will contact the client directly to arrange an appointment.