



REFERRAL FORM

Cynthia D. McCreery, BFA, EXAT ~ Certified Expressive Arts Therapist
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Date: _____

Name of person being referred: _____

Date of Birth: _____ Pronouns: _____

Status: Yes _____ No _____ On Reserve: _____ Off Reserve: _____

Band: _____ Status #: _____

Parent/guardian name(s) (if under 19) _____

Relationship to child _____

Home phone: _____ Cell phone: _____

Email: _____

Verbal consent for child/youth to receive services: Yes _____ No _____

Reason for Referral:

Client Referred By:

Name: _____

Contact info: _____