



**Tara Miller Registered Clinical Counsellor**  
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West Kelowna Counselling  
Offices in West Kelowna and Kelowna  
Voicemail: (250) 801-8272

Please fill out the following referral form and email to [tara@westkelownacounselling.com](mailto:tara@westkelownacounselling.com)

**Client Information:**

Intake Date: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ F \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

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

Referral Source:  
\_\_\_\_\_

Presenting Issues/Concerns:  
\_\_\_\_\_

Receipts will be offered for reimbursement from extended health plans that cover services by a Registered Clinical Counsellor and/or for income tax purposes.

