

RWRJ Women's Wellness Network

Seeking Safety Program Referral Form

To be completed by referring agency

Agency Contact Information

Date:
Name of referring agency:
Name of referring professional:
Agency Address / Location:
Phone number:
Email address:

Client/Patient Information

Full Name of client/patient:
D.O.B:
Phone Number:
Email Address:
Home Address:

Medical and/or Mental Health Diagnosis (if applicable):

Type of Substance(s) Used:

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SEEKING SAFETY

A psychotherapy program for individuals with concurrent Post Traumatic Stress Disorder (PTSD) and Substance Use/Addiction problems.

COUNSELLING

One-on-one counselling and group counselling sessions are available for adult women and youth girls to learn practical strategies for healthier thoughts, actions, and relationships.

IN-HOME THERAPY OPTION

Sessions may be held at a home address or in the community (Greater Toronto Area) for those who are unable to attend our private therapy office.

Real Woman Real Journey
Women's Wellness Network
For more information:
visit our website
www.rwrj.ca/seeking-safety
Phone: (437) 213-6367
Fax: 905-267-3401
Address: by appointment
77 City Centre Dr. Suite 501,
East Tower, Mississauga, ON
L5B 1M5

Has the client disclosed a history of trauma? Provide Summary.
Additional Information (i.e. responsivity considerations, special needs, urgent matters, etc.)

Referral Process

Please email or fax a copy of this completed form along with your agency consent to release information form signed by the client to:

Shatyra Williams MSW, RSW
 RWRJ Seeking Safety Treatment Program
 Email: seekingsafety@realwomanrealjourney.ca
 Fax: 905-267-3401