



Calgary Progressive Lifestyles Foundation (CPLF),  
 140-1935-32 Avenue NE, Calgary-Alberta, T2E-7C8,  
 Phone: (403) 689-1115, Email: [veena.prasad@cplf.ca](mailto:veena.prasad@cplf.ca)

## Client Referral For Psychological Services

Description: This form is for gathering pertinent referral information for an intake for psychological services. Please fill in the requested information by typing into the form below and email it to [veena.prasad@cplf.ca](mailto:veena.prasad@cplf.ca). The case manager will be contacted via email within 48 hours to be informed that the referral was received and the client's guardian will be contacted within a week to obtain consent to initiate psychological services. If you have any questions with regards to this form, please call (403) 689-1115 or email [veena.prasad@cplf.ca](mailto:veena.prasad@cplf.ca).

### Client Identifying Information:

<b><u>Client First &amp; Last Name:</u></b>	
<b><u>Client Date of Birth:</u></b>	
<b><u>Client Phone#:</u></b>	
<b><u>Client Address:</u></b>	
<b><u>Legal Guardian First &amp; Last Name:</u></b>	
<b><u>Legal Guardian Contact (Email and Phone#):</u></b>	
<b><u>Supportive Roommate First &amp; Last Name:</u></b>	
<b><u>Supportive Roommate Contact (Email &amp; Phone#):</u></b>	

### Reason for Current Referral/Presenting Concerns:

<b><u>Please Describe the Presenting Concern:</u></b>	
<b><u>How is the Identified Concern Affecting the Client's Current Functioning?</u></b>	
<b><u>What Approaches Have Been Tried Thus Far to Address the Concern?</u></b>	
<b><u>Client Medical &amp; Psychiatric Diagnoses:</u></b>	





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<p><b><u>Names Of Family Members &amp; Professionals</u></b>  <b><u>are Currently Involved in the Client's Life</u></b>  <b><u>(e.g., Psychiatrist/Arnika Dr.? Catalyst</u></b>  <b><u>Team? Family Physician? Other</u></b>  <b><u>Psychologists/Social Workers? Probation</u></b>  <b><u>Officer?</u></b></p>	
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**Client Historical Information:**

Please provide details on any of the areas identified below as "Y"(YES) or identified as noteworthy:

<b><u>Historical Concerns With:</u></b>	<b><u>Y/N</u></b>	<b><u>If "Y," Please Provide Details or Further Clarification:</u></b>
Substance Abuse? Which Ones?		
Self-Harming or Suicidal Ideation or Acts of Suicide?		
Physical or Verbal Aggression Towards Others?		
Inappropriate Sexual Behaviors (In-person or Online)?		
Being Harmed or Taken Advantage of By Others?		
Past Trauma or Abuse?		
Losing Employment or Housing Evictions?		
Psychiatric Hospitalizations or Justice System Involvement?		

**Please Identify 3 Potential Goals for Counseling That You Would Like the Client to Work On:**

<b><u>Goal 1:</u></b>	
<b><u>Goal 2:</u></b>	





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**Goal 3:**

Case Manager: \_\_\_\_\_ Date Referral is Submitted: \_\_\_\_\_

CPLF Person Providing Approval for Current Referral: \_\_\_\_\_

