



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)

## **Referral For Psychological Services for CPLF Employees**

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 appropriate management person will be contacted via email within 48 hours to be informed that the referral was received and the employee 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).

### **Identifying Information:**

|   |  |
|---|--|
| <b><u>Employee First &amp; Last Name:</u></b>   |  |
| <b><u>Employee Date of Birth:</u></b>   |  |
| <b><u>Employee Phone#:</u></b>  |  |
| <b><u>Employee Address:</u></b>   |  |
| <b><u>Is the Employee Aware That This Referral is Being Made for Him or Her?:</u></b>   |  |
| <b><u>Area of Services Being Provided by Employee (e.g., Supportive Roommate/Community Support Staff/Case Management/Admin Staff?):</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 Employee's Current Functioning or Ability to Carry Out His or Her Work with CPLF?</u></b> |  |

CPLF Person Making Current Referral: \_\_\_\_\_ Date Referral is Submitted: \_\_\_\_\_

CPLF Person Providing Approval for Current Referral: \_\_\_\_\_ Number of Sessions Approved: \_\_\_\_\_

