



Client Referral for Psychological Services

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.

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.

Client Identifying Information

Client name	
Client date of birth	
Client phone #	
Client Address	
Legal Guardian's name	
Guardian's email & phone #	
Supportive Roommate's name	
Supportive Roommate's email & phone #	

Reason for Current Referral/Presenting Concerns

Presenting concern description	
How is the identified concern affecting the client's current functioning?	
What Approaches have been tried thus far to address the concern?	
Client medical & psychiatric diagnoses	

<p>Names of family members & professionals currently involved in the client's life</p> <p>(Psychiatrist/Arnika Dr., Catalyst Team, Family Physician, other Psychologists/Social Workers, Probation Officer)</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:

Substance abuse? Which ones?	Y	N
Self-harming or suicidal ideation or acts of suicide?	Y	N
Physical or verbal aggression towards others?	Y	N
Inappropriate sexual behaviors (in-person or online)?	Y	N
Being harmed or taken advantage of by others?	Y	N
Past trauma or abuse?	Y	N
Losing employment or housing evictions?	Y	N
Psychiatric hospitalizations or justice system involvement?	Y	N

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

Goal 1	
Goal 2	
Goal 3	

Case Manager

Date referral is submitted

**CPLF Person Providing Approval
for Current Referral**