

CHILD/YOUTH REFERRAL FORM FOR THERAPY

This form is to be completed by the referrer.

THIS FORM IS CONFIDENTIAL						
Name of Child:						
Parent/Caregiver:						
Address:						
Home Telephone:						
Email:						
Date of Birth:	/		/			
Gender: Name of the organiza	Male Female	if annl	icahle:		Transgender Additional Category	
Your name:	non referring,	п аррг	icaoic.			
2002 11411201						
Date of Referral:		/		/		
Please describe in det	ail the present	ting cor	ncerns.			



Has the child had any past emotional or mental health difficulties? If YES, please provide deta (i.e. diagnosis, how long):	ils
Is the child presently taking any medication prescribed by a doctor? Please list medications:	
Does the child have any physical health problems that we must know? If yes, please provide details.	
Does the child have any allergies or fears of animals? If YES, please describe:	
Has the child ever been assessed for an intellectual or developmental disability? If YES, please explain	in:
Please describe relevant background information that will help assist in therapy.	
Does the child have a recent history of violence or aggressive behaviour towards others or animals? I yes, please state what had or may trigger the client to act out violently and aggressively?	[f



Does the child have a history of any form of self-harming beha	viour? If YES, please	provide details.
Does the child have any suicidal ideations, attempts, or past att	empts? If YES, please	describe below:
Has the child had any recent drug/alcohol abuse or have a history o please provide details:	f difficulties with subst	tances? If YES,
Who are the child's primary supports/attachments (i.e.: peers, tead	chers, caregiver, siblin	g)?
Are there any other areas of concern that we should know about th	at you feel may require	e support?
If you would like to see a specific Lil' Therapist, please write their r	name here:	
Which of our two locations is the most convenient for you. How did you hear about us?	St. Malo	Winnipeg



PLEASE INCLUDE ANY RELEVANT PRIOR ASSESSMENTS OR INFORMATION PERTINENT TO OUR WORK WITH THIS CHILD

TO BE COMPLETED BY THE COUNSELLOR UPON COMPLETION	
OUTCOME OF ASSESSMENT:	

NOW SAVE YOUR FORM AND EMAIL IT DIRECTLY TO DIRECTOR@LILSTEPSWELLNESS.COM