CLIENT 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: / / Age:

Gender: Male ☐ Transgender ☐

Female ☐ Additional Category ☐

Name of the organization referring:

Name of the person referring behalf of the organization:

Address of Organization:

Date of Referral / /

If self-referring (name):

Address:

Please describe in detail the presenting concerns.

Has the child had any past emotional or mental health difficulties? YES ☐ NO ☐

If YES, please provide details (i.e. diagnosis, how long):

Is the child presently taking any medication prescribed by a doctor? ☐ ☐
Please list medications:

Does the child have any physical health problems that we should know of? If yes, please provide details?

Does the child have any animal allergies or fears of animals? If YES, please describe:

Has the child ever been assessed for an intellectual or developmental disability? If YES, explain:

Please describe relevant background information that will help assist in counselling.

Does the child have a recent history of violence or aggressive behaviour towards others or animals? If yes, please state what had or may trigger the client to act out violently and aggressively?

Does the child have any history of any form of self-harming behaviour? If YES, could you please give details?

Does the child have any current suicidal ideations, attempts or past attempts? If YES, please describe below:

Has the child had any recent drug / alcohol abuse, and do they have a history of difficulties with substances? If YES, please provide details:

Who are the child's primary supports/attachments (i.e.: peers, teachers, caregiver, sibling)?

Are there any other areas of concern that we should know about that you feel may require support?

If you would like to see a specific Lil' Therapist, please write their name here:

Which of our two locations is the most convenient for you. St. Malo Winnipeg

How did you hear about us?

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