

Rocky Mountain Psychological and Mediation Services

Self-Referral Form

Please fill in the following information and email to rmpti@telusplanet.net Once received, the Co-director of RMPS will contact you personally to arrange an appointment with a therapist.

Date:

Parent 1

Name _____ PHONE#S _____

marital status: _____ (married, separated, divorced, single)

Parent 2

Name _____ PHONE#S _____

marital status: _____ (married, separated, divorced, single)

Children: _____ D.O.B _____

_____ D.O.B _____

_____ D.O.B _____

Address _____

PRESENTING ISSUE(S)

Please check one or more of the following:

- Separation and divorce counseling (Adult consultation, or counseling)
- Separation and divorce counseling (Child /provide parents feedback)
- Psycho-Educational Assessment Other Assessment
- Child and Play Therapy (variety of presenting issues – anxiety, depression, transitional difficulty, peer issues, behavioral problems, attention issues, school issues, separation and divorce, trauma)
- Adult individual counseling (variety of presenting issues)
- Couple counseling
- Blended families

- Mediation (comprehensive and or specialized parenting plan)**
- Parenting Coordination**
- Other**

Services are requested for(names): _____

Please add any additional information:

REFERRAL SOURCE_____

For either **Telephone Consultation** or **Face to Face Consultation** please fill in the whole Self-Referral Form. The Clinical Director will contact you within two working days of receiving your Self-Referral form to set an appointment time. There is a fee for all consultations. A 10% discount for telephone consultation is offered to all first-time consulting parents. For telephone consultations, Visa or Master Card will be accepted as the form of payment. Payment will be taken in advance of your appointment. There is a 48-hour (2 business days) cancellation Policy for all appointments or fee is billable.

