



Mental Health and Trauma Counselling Referral Form

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Email: mercy@resolvetherapy.ca

Referral Date:	Client Name:
Program/Community:	Date of Birth:
Referror's Name:	Status #:
	LANDLINE: Mobile/app: Email:
Phone:	Address:

Counselling requested for:

Adult

Couple

Family

Youth 12-18

If couple or family, name(s) of additional clients: Under 18 provide Parent/Guardian Name:

Is client aware of this referral?

Yes

No

Primary presenting issue: _____

If applicable, indicate if the client is a:

Former Indian Residential School Student

Family member of a former Indian Residential School student

Former Indian Day School student

Family member of a former Indian Day School student

If the client is seeking services regarding the issue of Missing & Murdered Indigenous Women & Girls

Name of School Attended: _____