Intake Appointment (date/time):_____	Referral #:_____
Therapist:	Date of Referral:

MAPS — REFERRAL FORM

Referral completed by:			Date completed:	
Previous contact with MAPS?	☐ Yes If yes, File #:		☐ No	
Referred by:	☐ Agency:_____ ☐ Word of mouth:		☐ Professional:_____ ☐ Other:	
Referral for:	☐ Drop In Counselling	☐ Individual Counselling (list on back)	☐ Group Counselling (indicate groups)	☐ No Referral ☐ Outside Agency
Contact made by:	☐ Intake Line ☐ In Person	☐ Self	☐ Other (Name): Phone: Relationship (to referral):	Agency:
Name:		Postal Code:		D.O.B.
Address:		Telephone: (H) (W)		Okay to leave message? ☐ Yes ☐ No ☐ U/K
Family form:	☐ Foster Family ☐ Blended Family ☐ Other:	☐ Married/Commonlaw ☐ Separated/Divorced	☐ Lives w/ Same Sex partner ☐ Lives w/ Parents	☐ Single Parent ☐ Lives Alone

Names of other adults or children in family:	Relationship	Other information (i.e. age, biological child, stepchild, roommate, etc.)	Living in household?

Court Involvement—current or pending

☐ Criminal Charges ☐ Divorce ☐ Custody/Access ☐ Other:

Other Services Involved?

☐ CFS: Assigned Worker:_____ Phone:

☐ Other: Agency/Worker:_____ Phone:

Phone Contacts: Date/Caller	**Details:**

Remove from Waitlist:	□ Client did not show up for intake interview	□ Unable to contact client by telephone
	□ No response to letter (attach copy of letter)	□ Client does not require services at this time (Client will call back at a later date if needed)
	□ OTHER:	
Date Removed:		

MAPS—Referral Interview & Process

Referral Criteria	1. Must be male (or male identified) and at least 16 years of age 2. Must identify a preference to make some changes in the way he relates to others 3. Must have sufficient interpersonal skills to be able to function effectively in a group setting 4. Must be able to commit to regular attendance of the group sessions
Contra-indications	1. He has outstanding charges related to the violation of another person's human rights 2. He uses alcohol or drugs in a manner that will interfere with the effectiveness of counselling 3. He is experiencing such a high degree of stress that he is unable to focus on group content or participate in a meaningful way 4. He has a psychiatric condition that would interfere with having a reciprocal relationship with other group members 5. He presents a safety risk to other group members

Referral Questions:

The following questions are to be asked of all potential clients

Referred Elsewhere & Reason (current or potential)	□ Custody/Access	□ Individual	□ Criminal Charges
	□ Substance/Alcohol Abuse	□ Divorce/Separation	
	□ Other:		
Referred To:			
Further details/comments:			
Program Manager comments:			
Sign-off:		**Date:**	