



counselling • consulting • mediation • training

Self-Referral Form

Please fill in the following information and email to admin@rmpti.com Once received, the Office Manager will contact you to arrange an appointment with Lorri Yasenik.

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(name)s: _____

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.