Mental Health Referral Information

For eligible clients only

Referral Date: MIWDD/YYYY

Referral Source:

Counselling Type Offered	
Appointment Information	N/A
7 ppointmont information	Acceptance & Commitment Therapy (ACT)
	Attachment-Based Therapy
Therapy Mode Offered Group Class	Brief-Focused Therapy (BFT)
	Brief Low Intensity Counseling
	Bowen Family Therapy
	ChronicPainSelf-Management
	Cognitive Behaviour Therapy with Mindfulness (CBTm)
	Dialectical Behavioural Therapy (DBT)
	EmotionallyFocusedTherapy(EFT)
	Existential Therapy
	Eye-Movement Desensitization and Reprocessing (EMDR)
	Feminist Therapy
	Gestalt Therapy
	Internal Family Systems Therapy (IFS)
	Integrated Therapy
	Interpersonal Therapy
	Mindfulness-Based Interventions
	Narrative Therapy
	Object-Relations Therapy
	Psychodynamic Therapy
	Psychoeducation Therapy
	Process Intervention Therapy
	Satir Family Therapy
	Solution-Focused Therapy
	Somatic Experiencing Therapy
	Structural Family Therapy
	Strategic Family Therapy
	Trauma-Informed Therapy

Referral Declined by Client: MM/DD/YYYY