



Referral for Clinical Services to Anomaly Therapy Services PLLC

Referral Date: _____

Client Information

First name: _____ Last name: _____

Parent name(s) if minor (under age 18): _____

Client date of birth: _____ Age: _____ Gender (Circle one): M / F / Trans

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

Best time to call: _____

Ok to leave a message? (Circle one): YES / NO

Initial Assessment Appointment availability (Circle all that apply): M / Tue / W / Thur / Fri / Sat

Morning / Afternoon / Evening

Adult DBT Skills Group Availability (Circle all that apply): Wednesday 3:00-4:30pm

Adolescent Skills Group Availability (Circle all that apply): Fridays 11:00-12:30pm

Does the client have extended health coverage? YES / NO

Who is the insurance Provider?

Member/Policy Number?

Referral Source (if self-referred, please skip to next section)

Relationship to client: _____

First name: _____ Last name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

Best time to call: _____

Reasons or Concerns for Seeking Treatment

Self-harming behaviors? (Circle one): YES / NO

If yes (Circle one): Burning/Cutting/Picking Other: _____

Suicidal thoughts? (Circle one): YES / NO

If yes, how frequently? _____

Suicide attempts in the past six months? (Circle one): YES / NO

If yes, date of most recent attempt: _____

Hospitalizations in the past year for mental health reasons? (Circle one): YES / NO

If yes, most current date of hospitalization: _____

History of trauma? (Circle one): YES / NO

If yes (Circle applicable response(s)): Physical / Emotional / Verbal / Childhood / Sexual

Eating disorder concerns? (Circle one): YES / NO

If yes (Circle one): Binging / Purging / Restricting / Other: _____

Alcohol or drug abuse? (Circle one): YES / NO

If yes, drug(s) of choice: _____

Other reasons or concerns for seeking treatment: _____

We appreciate your referral. It typically takes us about a week to process a referral and contact the potential client to discuss the next step.