

REFERRAL FORM

Please fax completed referral form to 807.937.4439 Attn: Intake Worker



BEAVER LAKE
C O U N S E L L I N G

Printed in Canada 0717tnr

**For referrals, contact
Intake Worker**

☎ 807.937.6748
(ext. 251)

☎ 807.937.4439

✉ COUNSELLING@
BEAVERLAKECAMP.ORG

📍 SITE 306 BOX 5 RR3
DRYDEN ON P8N 3G2

Mark Petersheim, M.A.*
Providence Theological Seminary
Registered Psychotherapist
(Qualifying)
Ministry with First Nations
since 1993.

Mary Petersheim, M.A.*
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Ministry with First Nations
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Ida Marie Miller, M.A.*
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Clair Schnupp, D.Phil.*
Oxford Graduate School
Ministry with Aboriginal people
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Clara Schnupp, M.A.*
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Ministry with Aboriginal
people since 1958.

Lois Lapp, M.A.*
Providence Theological Seminary
Ministry with First Nations
since 1984.

Dorcas Layman, M.A.*
Providence Theological Seminary
Ministry with First Nations
since 1982.

Name(s) of Applicant(s)

Applicant _____ Age _____

Co-Applicant _____ Age _____

Relationship Status: Single Married Common-Law Divorced Separated Widowed

Mailing Address _____

Phone Number (Home) _____ (Work) _____

Children attending with applicant.

1. _____ Age _____ M\F Gender
Name

2. _____ Age _____ M\F Gender
Name

3. _____ Age _____ M\F Gender
Name

4. _____ Age _____ M\F Gender
Name

Reason for referral:

Are there current criminal charges or court cases? If so, explain:

Brief description of family history:

**Is the applicant(s) presently using substances (alcohol, misusing prescription drugs, etc.)
If so, please explain:**

Referring Social Worker

Name _____

Signature _____

Daytime Phone _____

Emergency Phone _____

Agency/Billing Address
