

COUNSELLING REFERRAL FORM

DATE MONTH DAY YEAR CHILD/YOUTH'S NAME: Gender: Age: DOB: _ MONTH YEAR Child/Youth's Cell #: School: Sibling Name: Gender: Age: DOB: Sibling Name: DOB: Gender: Age: Parent(s) Name: Home Phone #: CELL # (mom): (dad): WORK # (mom): EXT: (dad): EXT: Postal Code: ADDRESS: City: Guardian(s)(if applicable): Home Phone #: Work #: EXT: CELL #: Postal Code: Address: City: Email: PRIMARY CONTACT NAME: Phone: **CUSTODY**: 2 Parent SP/mom SP/dad Co-parents (joint) In Care With relative With friend Independent living Family informed of referral and contents? DO NOT CONTACT PARENT(S): yes Language spoken at home: Previous Cameray involvement?: no Cameray Program(s) and date(s): NAME OF REFERRING INDIVIDUAL: SELF | Phone: Position: Agency: MCFD Office Code: Does social worker want contact with counsellor? Open file with MCFD? \square ves \square no yes no Email: C&Y Community CYMH Referral Type: **PROGRAM:** BRIEF (up to 8 sessions; immediate): Brief Family (MCFD only) **Brief Sexual Abuse Counselling** LONG TERM (up to 12 sessions; waitlist): Family Program Sexual Abuse Intervention (SAIP) Trauma (MCFD only) Sexual Health Intervention (SHIP) OTHER: High-Risk Youth (Immediate; MCFD only) PRESENTING PROBLEM: *If Referral is related to a non-sexual based Mental Health involvement: crime, was the client interviewed by Police? Other referrals made: Crime Victim Assistance Program Funding: yes in process no yes contact name: Has the child/youth been diagnosed or suspected of any of the following: FASD ADHD Speech & Language Disorder Intellectual Disability Other Neurodevelopment Disorders: If Sexual Abuse Program, please state what was reported, to whom, and the approximate date: Was child interviewed by MCFD? **Contact Names:** yes no Was child interviewed by police? **Contact Names:** | | ves no Priority Approved by:____ Referral taken Program Assigned: <u>OFFICE</u> USE ONLY by: Date File Opened:

Closing Date:

Phone: 604-436-9449

Fax: 604-436-1990

5623 Imperial Street, Burnaby BC. V5J 1G1 Admin Office: #102 - Program Office: #203

On computer Referral No:

Counsellor Assigned:

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