Cameray
Child & Family Services

COUNSELLING REFERRAL FORM

DATE MONTH DAY **2023** YEAR

CONTACT INFO

CHILD/YOUTH'S NAME:	Gender Identity	Age	DOB MONTH DAY YEAR
Child/Youth's Cell #:	School:		
Sibling Name:	Gender Identity	Age:	DOB:
Sibling Name:	Gender Identity	Age:	DOB:
Parent #1 Name:	Parent #2 Name:		
Home # *(parent #1)*:	Home # *(parent #2)*:		
Cell # *(parent #1)*:	Cell # *(parent #2)*:		
Email *(parent #1)*:	Email *(parent #2)*:		
What is the preferred method of contact? ☐ Email ☐ Phone	Is it OK to leave voicemails? ☐ *yes* ☐ *no*		
ADDRESS:	City:	Postal Code:	
Guardian(s)*(if applicable)*:	Home #:		
CELL #:	Email:		
Address:	City:	Postal Code:	
PRIMARY CONTACT NAME:	Phone:		

CLIENT INFO

CUSTODY: ☐ 2 Parent ☐ SP/mom ☐ SP/dad ☐ Co-parents (*joint*) ☐ In Care ☐ With relative ☐ With friend ☐ Independent living

Family informed of referral and contents? ☐ *yes* ☐ *no*	DO NOT CONTACT PARENT(S): ☐
Language spoken at home:	Previous Cameray involvement?: ☐ *yes* ☐ *no*
Cameray Program(s) and date(s):	

NAME OF REFERRING INDIVIDUAL:	☐ SELF	Phone:
Position:	Agency:	MCFD Office Code:
Open file with MCFD? ☐ *yes* ☐ *no*	Does social worker want contact with counsellor? ☐ *yes* ☐ *no*	
Email:		
CYMH Referral Type: ☐ C&Y ☐ Community		

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*)

OTHER: ☐ High-Risk Youth *(Immediate; MCFD only)* ☐ Sexual Health Intervention (SHIP)

PRESENTING PROBLEM:

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Mental Health involvement:	*If Referral is related to a non-sexual based
Other referrals made:	crime, was the client interviewed by Police?
Crime Victim Assistance Program Funding: ☐ *yes* ☐ *no* ☐ *in process*	☐ *no* ☐ *yes contact name:*

Has the child/youth been diagnosed or suspected of any of the following: ☐ FASD ☐ ADHD ☐ ASD
☐ 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? ☐ *yes* ☐ *no*	Contact Names:
Was child interviewed by police? ☐ *yes* ☐ *no*	Contact Names:

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