REFERRAL FORM

Today's Date:	Youth Initials:	Gender:
	Youth Age (Years):	Location: Halton

AGENCY INFORMATION

Youth Referring Agency:		
Referring Worker:		
Phone Number:	Fax Number:	Email Address:

CLIENT INFORMATION

Highest Grade Level Completed:	Is Youth Presently in School? Yes
Last School Attended:	School Contact Person:
Identify specialized education program (if applicable)	
Are you currently employed Yes	Employment Position
Length or Employment:	
Current Living Situation:	
Relevant Physical Health History:	
Family Physician:	
Current Diagnosis:	
Current Relevant Medication(s):	
Who Prescribed?	
Is Substance use an area of concern? Yes	Current Use of Substances? Yes
Client's area(s) of interest (i.e. Recreation, arts, sports, culture) :	

Summary of Contact	Date First Seen:	Date Last Seen:
Summary of Involvement:		
Approximate # of Meetings:		
Please list types of assessments completed and corresponding dates:	Assessment:	Date:

Client's Strengths:			
Client Formal & Informal Supports:			
Presenting Issues:			
Treatment Goals:			
RISKS (Potential Harm to Self, Risk Behaviours):			
Previous Service Involvement and Youth Response to Service:			
IDENTIFIED SERVICE NEEDS			
Case Management ☐	Supportive Housing ☐	Counselling ☐	Education ☐
Medical/Physical Health ☐	Employment ☐	Recreation ☐	Family Relations ☐
Other:			
Client Consent Obtained to Share Information? Yes	*Personal Health Information Protection Act, 2004*		