



Referral Form

Youth

Riverside Counselling is an individual, couples, and family counselling clinic that provides assessment and treatment for youth age 14-18 and adults 19+. The following information helps us to recognize what services you are seeking, understand how best to serve you, and prioritize our service time. Please let us know if you have any questions in regards to the referral process.

Referral Information		
Referral Date:	Referred by (name/title/phone#):	Intake Person:
Is client currently receiving services or had services in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom and what for:	
Is client aware of the referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is family aware of the referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Demographic Information		
Client's Surname:	Given Name:	Preferred Name:
Identifies as:	Ethnic/Cultural Background or Aboriginal Origin:	Languages Spoken:
Date of Birth:	Age:	Care Card #(PHN):
Address (address, city, postal code):		
Alternate Address (if more than one):		
Primary Phone Number:	Okay to leave a message at this number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Numbers:	Okay to leave a message at this number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:		
Caregiver Information (names, addresses, contacts):		
Guardianship/Custody:		

Parental Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resides With:
School:	Education Level:
Permission to Contact School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher/Counsellor Name:
Family Physician and Contact Information:	Current Medications:
Reason for Referral	
Presenting Problems/Concerns:	
Other Considerations (recent events, MCFD involvement, law involvement, substance use, etc.):	
Is Suicide a Concern Today: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(ADMIN USE ONLY) If yes, complete suicide risk assessment and plan <input type="checkbox"/> Completed	