

NANAIMO COMMUNITY OUTREACH RESPONSE

PROGRAM CLIENT REFERRAL FORM



FILE STATUS:
ASSIGNED TO:
REFERRAL DATE: (d/m/y):
REFERRAL TIME:

To refer to Community Outreach Response (COR) Team

- STEP 1** Phone: COR at 250-739-5757 with background information
STEP 2 Obtain confirmation of referral acceptance and response time
STEP 3 FAX: Referral Form to 250-740-6916

Youth's Information

Last	First	Age	Sex	Birth date(d/m/y): /	Medical Card #
Address			Home Phone	Mobile Phone	

Parent / Guardian / Caregiver of Youth

Last	First	Home Phone	Mobile Phone
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Referring Professional

Name	Agency	Address
Phone	Fax	After Hours

Family Physician

Name	Address	Phone
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Presenting Problems / Behaviors: (indicate all that apply)

1 <input type="checkbox"/> Aggression/Acting Out	6 <input type="checkbox"/> Attempted Suicide	11 <input type="checkbox"/> School Problems
2 <input type="checkbox"/> Depression	7 <input type="checkbox"/> Paranoid Behaviour	12 <input type="checkbox"/> Alcohol Abuse
3 <input type="checkbox"/> Psychosis	8 <input type="checkbox"/> Family Problems	13 <input type="checkbox"/> Drug Abuse
4 <input type="checkbox"/> Suicidal Ideation	9 <input type="checkbox"/> Running Away	14 <input type="checkbox"/> Excessive Anxiety
5 <input type="checkbox"/> Homicidal Ideation	10 <input type="checkbox"/> Law Involvement	15 <input type="checkbox"/> Other: (Specify)

Brief Description of Child/Youth's Situation

Youth is aware of referral Yes <input type="checkbox"/> No <input type="checkbox"/>	Youth has consented to referral Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychiatrist involved Yes <input type="checkbox"/> No <input type="checkbox"/> Name

Action requested of Community Outreach Response (COR)

FYI only	Follow up