



## Child & Youth Mental Health & Addictions Counsellor REFERRAL/INTAKE INFORMATION FORM



Scan/Send referrals via email to [emilyp@mchigeeng.ca](mailto:emilyp@mchigeeng.ca) OR [graced@mchigeeng.ca](mailto:graced@mchigeeng.ca)

<b>NAME</b>		<b>DATE</b>	
<b>STATUS #</b>		<b>PRONOUNS</b>	
<b>PARENTS/GUARDIAN</b>		<b>STUDENT PHONE #</b>	
<b>MAIN PHONE</b>		<b>D.O.B.</b>	
<b>OTHER PHONE</b>		<b>SCHOOL/ GRADE</b>	
<b>EMAIL</b>		<b>LANGUAGE</b>	
<b>ADDRESS</b> Civic Address & PO Box #			
<b>REFERRAL SOURCE</b> (Contact & Phone Number)	<b>NAME:</b>	<b>PHONE:</b>	
	<b>EMAIL</b>		
<b>REASON FOR REFERRAL</b>			
<b>Educational:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Attendance/tardiness</li> <li><input type="radio"/> Repeated truancy</li> <li><input type="radio"/> Underachievement</li> <li><input type="radio"/> Difficulty focusing on assigned tasks</li> <li><input type="radio"/> Other _____</li> </ul>		<b>Personal/Social/Emotional:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Difficulty expressing emotions</li> <li><input type="radio"/> Social conflict with peers</li> <li><input type="radio"/> Negative attitude (low self-esteem/self-worth)</li> <li><input type="radio"/> Withdrawn/Shy</li> <li><input type="radio"/> Uncooperative with teachers/staff</li> <li><input type="radio"/> Home/Family Issues (Divorce/separation)</li> <li><input type="radio"/> Substance abuse - Alcohol or Drugs</li> <li><input type="radio"/> Acting out with Aggression</li> <li><input type="radio"/> Inappropriate sexual behavior</li> <li><input type="radio"/> Discipline</li> <li><input type="radio"/> Grief and Loss</li> <li><input type="radio"/> Health _____</li> <li><input type="radio"/> Suspected abuse (Mental, emotional, physical, sexual)</li> <li><input type="radio"/> Bullying behavior towards peers,</li> <li><input type="radio"/> Sexual Assault</li> <li><input type="radio"/> Assault</li> <li><input type="radio"/> Has been victimized or bullied by peers</li> </ul>	
Anything we should know? :			

<b>DOES Child/Youth NEED TO SPEAK TO SOMEONE RIGHT AWAY</b> Due to the following?	<ul style="list-style-type: none"> <li><input type="radio"/> Suicidal Ideation</li> <li><input type="radio"/> Self-Harm/Cutting</li> <li><input type="radio"/> Grief</li> <li><input type="radio"/> Assault</li> <li><input type="radio"/> Excessive use of alcohol and drugs</li> <li><input type="radio"/> At Risk - Human Trafficking Vulnerability</li> </ul>		
<b>DOES THE CHILD/YOUTH WISH TO RECEIVE INDIGENOUS CULTURE BASED CARE?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		
<b>PREFERRED CONTACT METHOD ON PHONE NUMBERS PROVIDED?</b>			
<b>IS IT SAFE TO LEAVE A MESSAGE?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		
<b>SUPPORT NETWORK/ CIRCLE OF CARE</b> <i>Who are the clients supports? (Family member, friends, teacher, worker, other support person)</i>			
<b>STRENGTHS:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Helps others/Volunteers</li> <li><input type="radio"/> Speaks Anishinaabemowin</li> <li><input type="radio"/> Attends Ceremonies and cultural events _____</li> <li><input type="radio"/> Interested in Sports/Recreation _____</li> <li><input type="radio"/> Has a hobby _____</li> <li><input type="radio"/> Interested in Student employment</li> <li><input type="radio"/> Humorous, likes to laugh</li> <li><input type="radio"/> Is Kind to others</li> <li><input type="radio"/> Excels in a course, if so which one/s _____</li> <li><input type="radio"/> Attends community events and workshops</li> <li><input type="radio"/> Leadership qualities: confident, encourages others</li> <li><input type="radio"/> Cooperates/Team Player</li> <li><input type="radio"/> Caring: shows empathy</li> <li><input type="radio"/> Other _____</li> </ul>			

**FOR INTAKE USE ONLY**

REFERRED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Date of Call/Contact: \_\_\_\_\_ Date of Appointment \_\_\_\_\_

*(PLEASE COMPLETE AFTER CONTACT WITH THE CLIENT)*

**DISPOSITION:**     **ADMISSION**     **BRIEF SERVICE/CRISIS RESPONSE**

(CHECK ONE)  **TRANSFER**     **OR REFERRAL OUT TO:** \_\_\_\_\_

\_\_\_\_\_  
COUNSELLOR SIGNATURE

\_\_\_\_\_  
DATE (Return to Program Admin)