

Youth Withdrawal Management and Supportive Residential Referral Form

Program Requested (tick all that apply)

- 180° - JHSNI phone: 250-286-0611, fax: 250-286-3650
- Boys and Girls Club phone: 250-370-5925, fax: 250-370-5951
- Transitions – NARSF phone: 250-714-8167, fax: 250-754-1605
- Specialized Youth Detox – YES phone: 250-383-3514, fax: 250-383-3812

Service Requested

- Withdrawal Management (7-10 days)
- Supportive Residential (up to 3 months)
- Both

Date of Referral: _____
Day / Month / Year

Referral Source Name: _____ Office: _____
 Phone: _____ Fax _____

Youth Information:

Name: _____ DOB: _____ Care Card #: _____
 Male ___ Female ___ Transgender ___
 Current Address _____ Phone _____
 Postal Code _____

Parent/Guardian _____ Relationship _____ Phone _____
 Address _____

Social Worker _____ Phone _____ Fax _____
 Other Professionals _____ Phone _____ Fax _____

Related Issues / Risk Factors

<input type="radio"/> Mental Health Issues	<input type="radio"/> Language Barriers	<input type="radio"/> Eating Disorders
<input type="radio"/> Homelessness/Couch Surfing	<input type="radio"/> Not in School	<input type="radio"/> Suicide
<input type="radio"/> Criminal Behavior	<input type="radio"/> Self Harm/Cutting	<input type="radio"/> Physical Disabilities
<input type="radio"/> Youth Justice Involvement	<input type="radio"/> Disconnected from Family	<input type="radio"/> Pregnant
<input type="radio"/> History of Fire Setting	<input type="radio"/> Aggressive Behaviors	<input type="radio"/> Medical Conditions
<input type="radio"/> Trauma	<input type="radio"/> Cruelty to Animals	<input type="radio"/> FAS/ADHD

Is the youth aware of this referral? Yes _____ No _____

Does the youth agree to the referral? Yes _____ No _____

Substance Use History

Intent: To understand their substance use history in order to assess the impact of their use. The following were used at least once (for non-medicinal purposes):

Substance & Rank Order (only #1, 2 &3)	Age of 1 st Use	# of Days Used in Past 30 Days	Current Use (Y/N)	Pattern	Quantity	Method	Stage of Change
Tobacco (do not rank)							
Alcohol							
Cannabis							
Ecstasy							
Cocaine							
Crack Cocaine							
Hallucinogens							
Crystal Meth							
Heroin							
Inhalants							
Prescription							
Methadone							
Steroids							
Over the Counter							
Other							

Drug that causes most problems in your life: _____

Additional Comments: Please identify client strengths/resiliencies that will assist youth to be successful in the program. (Please attach YFAS assessment if completed).

Strengths: _____

Challenges: _____
