



## Referral Form

C.R Community Services

201-140A 10th Ave  
Campbell River, BC  
V9W 4E3  
Tel (250) 286-0611  
Fax (250) 286-3650  
Email: mail@jhsni.bc.ca

Courtenay Community Services

1455 Cliffe Ave.  
Courtenay, BC  
V9N 2K6  
Tel (250) 338-7341  
Fax (250) 338-6568  
Email: cy@jhsni.bc.ca

Gold River Health Centre

601 Trumpeter Drive  
Gold River, BC  
V0P 1G0  
Tel (250) 283-2626 ext:64413  
Fax (250) 283-7561  
Email: mail@jhsni.bc.ca

Date of Referral

Programs  
Referred to:

Name of Person being Referred:

Gender:

 F M TG

Birth Date (if under 19):

Phone:

Messages ok

Address:

Ethnicity (statistical purposes only):

Special Needs (physical, language, communication):  No  Yes

Describe:

Reason for Requesting Service (suggested case assignment/client match):

Have they received service from JHSNI before?

 No Yes

Type:

Emergency Contact:

Phone:

Referred by:

Relationship to Client:

Phone:

Fax:

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**Significant Others**

Mother's name:  Phone:

Address:

Father's name:  Phone:

Address:

Legal Guardian:  Phone:

Status:

Address:

Other's Name:  Role:

Address:  Phone:

Is the family being referred as well?  No  Yes Whom?

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**Other Involved Professionals**

Name	Role/Relationship	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Relevant Additional Information**

Are there any known risk factors for JHSNI staff while working with this client (e.g. physical or aggressive behaviour, threats made by others to client)?  No  Yes

If Yes: JHSNI staff must complete Risk Factors form.