

**Select location:**

<p><b>Campbell River Community Services</b>          Administration Office:          140 10<sup>th</sup> Avenue          Campbell River, BC, V9W 4E3          Ph 250-286-0611          Fax 250-286-3650          Email: mail@jhsni.bc.ca</p>	<p><b>Courtenay Community Services</b>          1455 Cliffe Avenue          Courtenay, BC, V9N 2K6          Ph 250-338-7341          Fax 250-338-6568          Email: cy@jhsni.bc.ca</p>	<p><b>Gold River Youth and Family Counselling</b>          550 Trumpeter Drive, Gold River, BC          Postal Address: c/o CR Admin Office          Ph 250-203-5863          Fax 250-286-3650          Email: mail@jhsni.bc.ca</p>
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Date of referral:  Programs referred to:

Name of referred:  Gender: F  M  TG  Non-Binary

Birth Date (if under 19):  Age:  Ethnicity

Address:

Best way to contact client? Call  Text  Phone #:

Messenger :  Email :

Contact Parent/Guardian? Yes  No  Consents in place: Yes  No

Referred by:  Phone:

Relationship to Client:  Fax:

Special needs? Physical  Language  Communication  Please describe:

Reason for Requesting Service (main concerns, needs, risks, hopes for support, etc.):

Service needed within 24 hours. Why?

Have they received service from John Howard before? Y  N  If yes, what?

Emergency contact:  Phone:

### Significant Others

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PRIMARY CAREGIVER  
Name:  Phone:   
Address:

SECONDARY CAREGIVER  
Name:  Phone:   
Address:

LEGAL GUARDIAN  
Name:  Phone:   
Status:   
Address:

OTHER  
Name:  Role:   
Address:  Phone:

Is the family being referred as well? Y  N  Who?

### Other involved professionals

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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"/>

### Relevant Additional Information

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Are there any know risk factors for John Howard staff while working with this client (e.g. physical or aggressive behaviour, threats made by others to client)? YES\*  NO

\*IF YES, John Howard staff must complete **Risk Factors** form.