

REFERRAL

LEVEL UP SECOND STAGE SUPPORTIVE RECOVERY

PLEASE NOTE: Only youth or their substance use counsellor can submit this form.

REFERRAL INFORMATION

Date of Referral (D/M/Y)

Referral Source Name

Phone

Referral Source Office

Fax

YOUTH INFORMATION

Name DOB (D/M/Y) Gender M F TG NB

Care Card # Aboriginal Y N Band/Nation

Current Address Street City Postal Code Phone

Parent/Guardian Relationship

Current Address Street City Postal Code Phone

Social Worker Ph Fax

Other Professional Ph Fax

RELATED ISSUES/RISK FACTORS

Mental Health Issues/FAS	Language Barriers	Eating Disorders
Homeless/Couch Surfing	Not Attending School	Suicide Attempt/Ideation
Criminal Behaviour	Self-Harm/Cutting	Physical Disability
Youth Justice Involvement	Disconnection from Family	Pregnant

Is the youth aware of this referral? Y N

Does the youth agree to the referral? Y N

ADDITIONAL COMMENTS

SUBSTANCE USE HISTORY

The intent is 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 and Rank Order (only # 1, 2, 3)	Age of 1 st use	# of days used in past 30 days	Current Use		Pattern	Quantity	Method	Stage of Change
			Y	N				
Tobacco (do not rank)								
Alcohol								
Cannabis								
Ecstasy								
Cocaine								
Crack Cocaine								
Hallucinogens								
Crystal Meth								
Heroin								
Inhalants								
Prescriptions								
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. (Attach YFAS assessment, if completed.)

Strengths:

Challenges:

Intake and Initial Assessment

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Name _____ Date _____

Hair Colour _____ Eye Colour _____ Height _____ Weight _____

Distinguishing Features _____

Family Doctor _____ Ph. _____ Last time you saw a doctor? _____

Emergency Contact

Name _____ Phone Numbers _____

School

Attending school? Y N Grade _____ School _____

Favourite Subjects _____

Learning Challenges? Y N Info unavailable _____ Literacy Level _____ Info unavailable _____

Employment

Currently working? Y N Where? _____

Describe some of your work history _____

Do you want employment while in the program? Y N Do you have a current resume? Y N

Presenting Issues

Use your counselling skills to engage the referral agent or client in a conversation about the impact of issues on the client's life.

Are you here for yourself? Y N Or are you concerned about someone else? Y N

Are you here because someone wants you to be? Y N Who? _____

What are some of the concerns or issues that have brought you here? _____ What made you look for support at this time? _____

What are you doing now that is helping you to manage the situation? _____ What are you hoping to get out of this program? _____

Who do you want to support you in your changes? _____

Immediate Risks

8. Do you have any current or historical medical concerns? (e.g., asthma, allergies, seizures) Y N

Describe:

Prenatal Exposure? Y N Unknown

9. Developmental milestones met? Information unavailable

Eye sight? Hearing? Speech? Language function?

10. Are your immunizations up to date? Y N Unknown

Describe:

11. Could you be pregnant? Y N Unknown Are you a parent? Y N Actively parenting? Y N

12. Have you been diagnosed with a mental health concern? Y N Unknown

By whom? Indicate Primary Diagnosis:

Are you on any Psychotropic Medication? Y N (See medication info sheet.)

Any other challenges such as FASD or Developmental or Neurological Disability? Y N Unknown

Describe:

Do you want to work on your mental health issues? Y N Undecided Later

13. Do you personally have any concerns about your emotional and mental health? Y N

Additional information:

14. Are you thinking about suicide? **If yes, complete suicide assessment with client immediately.** Y N

15. Are you thinking of hurting someone else? **If yes, find out more details immediately.** Y N

16. Are there any additional immediate risks to self or others? (e.g., not taking meds, trouble with others, self-harm, animal cruelty)

Additional information:

17. Are you currently taking any prescription drugs? (See medication sheet if yes.) Y N

Y Are you in a stable and safe living environment? Y N Info unavailable

Are you living... with family in care independently homeless in VIHA funded resource

Where do you plan on living after the program?

19. Do you have any current involvement with the legal system? Y N Unknown

Are you on probation? Y N Unknown

Did someone tell you that you have to be here? (Legally mandated) Y N

Additional information:

Family History

Family history of substance use?	Y	N	Unknown
Family history of mental illness?	Y	N	Unknown
Family history of trauma?	Y	N	Unknown

What role does culture/ethnicity play in your family?

How are special events celebrated?

Who are you closest to in your family?

Are there any significant events that have happened in your family?

Who in your family wants to be involved in your changes?

How can they best support you?

Follow up call is made to the family member(s) Y N Left Message

What is the family preference for their level of involvement in supporting the youth?

Permission to speak with family is denied by the youth.

Service Provision

Have you ever received counselling?	No	In Past	Currently	Unknown
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(Why? When? With whom? Where?)

Is there anything else we need to cover today to prepare you for the next steps?