

Select location:

CAMPBELL RIVER Community Services & Administration 140 10 th Avenue Campbell River, BC, V9W 4E3 Ph 250-286-0611 Fax 250-286-3650 Email: mail@jhsni.bc.ca	COURTENAY Community Services 575 10 th Street Courtenay, BC, V9N 2K6 Ph 250-338-7341 Fax 250-338-6568 Email: mail@jhsni.bc.ca	GOLD RIVER Youth and Family Counselling 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
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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: Street Number City Postal Code

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

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

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

Are there any known 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.