

Select location:

<b>CAMPBELL RIVER</b> Community Services/Administration  140 10th Ave, Campbell River, BC, V9W 4E3 Ph 250-286-0611 Fax 250-286-3650 Email: mail@jhsni.bc.ca	<b>COURTENAY</b> Community Services  575 10th St., Courtenay, BC, V9N 1P9 Ph 250-338-7341 Fax 250-338-6568 Email: mail@jhsni.bc.ca	<b>GOLD RIVER</b> Youth & Family Counselling  Building 2, Unit 5, 375 Nimpkish Drive Mail c/o Administration Office: 140 10th Ave, Campbell River, V9W 4E3 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 ☐

Date of Birth:  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.