

Foundry Campbell River accepts referrals for young people ages 12 to 24 from professionals, community members, and family members. Youth are also welcome to come in during drop-in hours to request any services they require, with or without a referral. Foundry Campbell River aims to be a safe space for all young people, including people who identify as Indigenous, POC, LGBTQ+, or Trans.

Deliver this form in person at **140 10th Ave** or fax to **250-286-3650** or email to **foundrycr@jhsni.bc.ca**

Office hours (Closed 12 pm – 1 pm)

Monday 8:30 am – 4:30 pm
 Tuesday 8:30 am – 6:00 pm
 Wednesday 8:30 am – 6:00 pm
 Thursday 8:30 am – 6:00 pm
 Friday 8:30 am – 4:30 pm

Drop-in hours

9:00 am – 11:00 am and 1:00 - 3:00 pm
 1:00 pm – 5:00 pm
 No Drop-in
 1:00 pm – 5:00 pm
 9:00 am – 11:00 am



Date of referral _____ Urgent? YES NO

Youth Info

Preferred name:	Age:	Birth date:
Legal name (if different):	Gender:	Pronouns:
Youth Cell:	Okay to text or leave message on cell?	YES NO
Home Phone:	Okay to leave message at home number?	YES NO
Address:	Indigenous?	Nation/Band:
	Doctor/General Practitioner:	

Significant Others (parent, guardian, or other responsible adult)

Name	Phone number:	OK to contact? YES NO
Name	Phone number:	OK to contact? YES NO
Name	Phone number:	OK to contact? YES NO

Referring Person's Info

Referred by:	Relationship to this youth:
Organization (if applicable):	Length of relationship:
Email:	Phone number:

Reason for requesting services

Has this young person received services at Foundry previously? YES NO NOT SURE

What services offered at Foundry might be helpful now? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Sexual Health: Youth Clinic Nurse | <input type="checkbox"/> Cultural Support/Elder-in-Residence |
| <input type="checkbox"/> Drop-in Mental Health Support & Counselling | <input type="checkbox"/> Indigenous Youth Navigator |
| <input type="checkbox"/> Substance Use Support & Counselling | <input type="checkbox"/> Youth Outreach Worker |
| <input type="checkbox"/> Youth to Adult Transition Counselling | <input type="checkbox"/> Foundry Work & Education Program |
| <input type="checkbox"/> Youth Peer Support | <input type="checkbox"/> Free groups and courses |
| <input type="checkbox"/> Family/Caregiver Peer Support | <input type="checkbox"/> Not sure, would like to explore options. |
| <input type="checkbox"/> Primary Care: Nurse Practitioner | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community Navigator | |



Family referred as well? YES NO If yes, what supports might be helpful:

- Caregiver Support Group Drop-in Counselling for family affected by youth's mental health or substance use

Other Involved Professionals / Supportive People

Name:	Role / Relationship:	Phone number:
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Relevant additional information

Are there any known risk factors for Foundry/John Howard staff working with this client? **YES**
(e.g. physical or aggressive behaviour; threats made by others to this client)

NO

FOUNDRY USE ONLY:

Referring person/agency notified of... Receipt of referral form First contact with youth