



- NANAIMO Fax 250.740.2672
- LADYSMITH Fax 250.740.2672
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## Discovery Youth & Family Substance Use Services REFERRAL FORM

TODAY'S DATE:	REFERRED BY:
AGENCY/SCHOOL:	PHONE:

REFERRAL FOR  YOUTH  PARENT/CAREGIVER  FAMILY

LAST NAME:	FIRST NAME:	
BIRTHDATE:                      DAY / MONTH / YEAR	AGE:	CARECARD #:
GENDER IDENTITY:	CULTURAL IDENTITY:	
PHONE:	CAN WE LEAVE A MESSAGE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALTERNATE PHONE:	EMAIL:	

FOR YOUTH REFERRALS ONLY	
IS THE PARENT/CAREGIVER AWARE OF THE REFERRAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT/CAREGIVER NAME:	PHONE:
ADDITIONAL CONTACT NAME:	PHONE:

REASON FOR REFERRAL

<b>RELEVANT INFORMATION:</b> Please include strengths, current support systems, factors that may support engagement, risk factors and/or barriers to contacting youth or family.

**PLEASE ENSURE THAT THE PERSON(S) BEING REFERRED HAS BEEN INFORMED OF THE REFERRAL.**

FOR OFFICE USE ONLY. Form completed by: