



Referral Form

C.R Community Services

201-140A 10th Ave
Campbell River, BC
V9W 4E3
Tel (250) 286-0611
Fax (250) 286-3650
Email: mail@jhsni.bc.ca

Courtenay Community Services

1455 Cliffe Ave.
Courtenay, BC
V9N 2K6
Tel (250) 338-7341
Fax (250) 338-6568
Email: cy@jhsni.bc.ca

Full Time Attendance Prog.

Oasis/Headstart
Campbell River, BC
Postal address: c/o Administration
Tel (250) 286-0222
Fax (250) 286-6080
Email: louise@jhsni.bc.ca

Date of Referral

Programs

Referred to:

Name of Person being Referred:

Gender:

 F M TG

Birth Date (if under 19):

Phone:

Address:

Ethnicity (statistical purposes only):

Special Needs (physical, language, communication): No Yes

Describe:

Reason for Requesting Service (suggested case assignment/client match):

Have they received service from Is the family being referred as well?JHSNI before?

 No Yes

Type:

Emergency Contact:

Phone:

Service needed within 24 hours. Why?

Referred by: Relationship to Client:
Phone: Fax:

Significant Others

Mother's name: Phone:

Address:

Father's name: Phone:

Address:

Legal Guardian: Phone:

Status:

Address:

Other's Name: Role:

Address: Phone:

Is the family being referred as well? No Yes Whom?

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 JHSNI staff while working with this client (e.g. physical or aggressive behaviour, threats made by others to client)? No Yes

If Yes: JHSNI staff must complete Risk Factors form.