

DATE MONTH DAY YEAR

CONTACT INFO	CHILD/YOUTH'S NAME:		Gender Identity	Age	DOB MONTH DAY YEAR
	Child/Youth's Cell #:		School:		
	Sibling Name:		Gender Identity	Age:	DOB:
	Sibling Name:		Gender Identity	Age:	DOB:
	Parent #1 Name:		Parent #2 Name:		
	Home # (parent #1):		Home # (parent #2):		
	Cell # (parent #1):		Cell # (parent #2):		
	Email (parent #1):		Email (parent #2):		
	What is the preferred method of contact?		Email	Phone	Is it OK to leave voicemails? <i>yes no</i>
	ADDRESS:		City:	Postal Code:	
	Guardian(s) (if applicable):			Home #:	
	CELL #:		Email:		
	Address:		City:	Postal Code:	
	PRIMARY CONTACT NAME:			Phone:	

CLIENT INFO	CUSTODY: 2 Parent SP/mom SP/dad Co-parents (joint) In Care With relative With friend Independent living
	Family informed of referral and contents? <i>yes no</i> DO NOT CONTACT PARENT(S):
	Language spoken at home: Previous Cameray involvement?: <i>yes no</i>
	Cameray Program(s) and date(s):

NAME OF REFERRING INDIVIDUAL:	SELF	Phone:
Position:	Agency:	MCFD Office Code:
Open file with MCFD? <i>yes no</i>	Does social worker want contact with counsellor? <i>yes no</i>	
Email:		
CYMH Referral Type: C&Y Community		

PROGRAM: BRIEF (up to 8 sessions; immediate):	Brief Family (MCFD only)	Brief Sexual Abuse Counselling
Family Program (up to 12 sessions; waitlist)	High-Risk Youth (MCFD only; immediate)	Trauma (MCFD only)
Sexual Abuse Intervention (SAIP)	Sexual Health Intervention (SHIP)	

PRESENTING PROBLEM:

Mental Health involvement:	*If Referral is related to a non-sexual based
Other referrals made:	crime, was the client interviewed by Police?
Crime Victim Assistance Program Funding: <i>yes no in process no yes contact name:</i>	

Has the child/youth been diagnosed or suspected of any of the following:	FASD	ADHD	ASD
Speech & Language Disorder Intellectual Disability	Other Neurodevelopment Disorders:		

If Sexual Abuse Program, please state what was reported, to whom, and the approximate date:	
Was child interviewed by MCFD? <input type="checkbox"/> <i>yes no</i>	Contact Names:
Was child interviewed by police? <input type="checkbox"/> <i>yes no</i>	Contact Names: