

Youth Addiction Treatment Referral Form

PRIVATE & CONFIDENTIAL



1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

Today's Date: _____
Name: _____
(Last/First)

CID: _____
D.O.B: _____
(mm/dd/yyyy)

Referral Type: Community Treatment
 Day Treatment
 Residential Treatment

Referral Source: _____

PARENT(S)/GUARDIAN(S)

Name: _____ Phone: _____

Can we contact? Y N
Can we leave message? Y N
Can we text? Y N
Can we contact? Y N
Can we leave message? Y N
Can we text? Y N

Name: _____ Phone: _____

TREATMENT INFORMATION

Do you have a healthcard? Y N If no, have you applied for a new card? Y N
Are you applying to treatment voluntarily? Y N
Are you involved with Family and Children's Services? Y N
If yes, please specify: Temporary Care Agreement Society Ward Crown Ward

CONCERNS

What concerns do you have for yourself? Please check all that apply¹.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Substance Use by Other | <input type="checkbox"/> FACS involvement |
| <input type="checkbox"/> Criminal Justice Involvement | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Substance Use by Other | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Emotional Abuse Victim | <input type="checkbox"/> Emotional/Mental Health of Self | <input type="checkbox"/> Gambling | <input type="checkbox"/> Learning/Cognitive Issues |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Literacy Issues | <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Physical Abuse Victim |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Sexual Abuse Victim | <input type="checkbox"/> Isolated from Friends | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Sexual Behaviour | <input type="checkbox"/> Past Trauma | <input type="checkbox"/> Domestic/Partner Violence |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Other (specify): _____ | | |

¹ Youth may not identify all relevant issues when they answer this question. If the assessing counsellor identifies other likely challenges these may be flagged by highlighting the area of concern or making a written notation

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
Guelph, ON
N1E 4J3

67 King St. E.
Kitchener, ON
N2G 2K4

3-9 Wellington St.
Cambridge, ON
N1R 3Y4

234 St. Patrick St. E.
Fergus, ON
N1M 1M6

Waterloo, ON site coming soon!

Youth Addiction Treatment Referral Form

PRIVATE & CONFIDENTIAL



1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

LEGAL STATUS

Please check the choice that best describes your legal involvement:

- | | | |
|---|--|--|
| <input type="checkbox"/> No legal involvement | <input type="checkbox"/> Current probation | <input type="checkbox"/> Past probation |
| <input type="checkbox"/> In custody | <input type="checkbox"/> Out on bail | <input type="checkbox"/> Community supervision |
| <input type="checkbox"/> On house arrest | <input type="checkbox"/> On house arrest | |
| <input type="checkbox"/> Awaiting trial/sentencing – Next Court Date: _____ | | |

ADDITIONAL INFORMATION

Are you currently in a relationship? Y N Are you/have you ever been married? Y N

Do you attend school? Y N

If yes, where (specify): _____

What grade are you in? _____

Are you working? _____

Y N

If yes, Full Time

Part-Time

If yes, where? (specify) _____

Does your family help with your bills (rent/mortgage, groceries, utilities)?

Y N

Do you get Ontario Works (OW) benefits?

Y N

Do you get disability (ODSP) benefits?

Y N

Do you ever worry that you have a problem with gambling and/or video gaming?

Y N

Have you engaged in any of these activities in the past 12 months:

- | | | |
|---|---|--|
| <input type="checkbox"/> Slot Machines | <input type="checkbox"/> Gaming machines | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Sports betting | <input type="checkbox"/> Lottery tickets | <input type="checkbox"/> Casino card/table games |
| <input type="checkbox"/> Horse races | <input type="checkbox"/> Internet gambling | <input type="checkbox"/> Non-casino card/table games |
| <input type="checkbox"/> Instant win/scratch tickets | <input type="checkbox"/> Gambling with stock market/real estate | <input type="checkbox"/> Betting on games of skill |
| <input type="checkbox"/> Betting on outcome of events | <input type="checkbox"/> Internet or video gaming | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (specify): _____ | | |

HEALTH & HOSPITALIZATIONS

Have you ever used needles to inject drugs? Y N

If yes, have you used needles in the last year? Y N

Do you have any problems in the following areas:

Vision Y N Hearing Y N Mobility Y N

Are you currently pregnant? Y N NA

Have you ever been pregnant? Y N NA

Describe any current physical or mental health conditions: _____

What was the reason for your most recent hospitalization? physical mental

How many times have you been admitted² to the hospital in the last 12 months for physical reasons? _____

² More than going to the emergency room, actually being admitted and assigned a bed

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
Guelph, ON
N1E 4J3

67 King St. E.
Kitchener, ON
N2G 2K4

3-9 Wellington St.
Cambridge, ON
N1R 3Y4

234 St. Patrick St. E.
Fergus, ON
N1M 1M6

Waterloo, ON site coming soon!

Name:

CID:

Youth Addiction Treatment Referral Form PRIVATE & CONFIDENTIAL



1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington-Dufferin

Have you been hospitalized *in the last year* for physical reasons? Y N

Have you *ever been* hospitalized for mental health reasons? Y N

If yes, when: Within the last year Over one year ago

Have you had a mental health/psychiatric assessment? Y N

If yes, when? _____ What was the diagnosis? _____

Have you *ever taken* medication for a mental health/psychiatric concern? Y N

If yes, when? Currently Within last year Over one year ago

What was the diagnosis? _____

What medications do you/did you use? _____

Have you ever been prescribed methadone or another opioid substitute? Y N

If yes, are you currently taking it? Y N

Have you received treatment for mental health/psychological/emotional concerns from a community mental health program or professional? Y N

If yes, when? Currently Within last year Over one year ago

CONSENT TO RELEASE INFORMATION

Please obtain *written* consents to release the following information, as needed.

School

Name of School: _____

Name of Vice Principal: _____

Phone number: _____

Is this referral part of a current school threat-risk assessment? Y N

Probation

Name of Probation Officer: _____

Phone number: _____

Child Protection Services

Name of agency involved: _____

Name of worker: _____

Phone number: _____

Mental Health Court

Which court: Kitchener Guelph

Name of Court Support worker: _____

Phone number: _____

Completed By: _____

Position: _____

FAX: 1-844-437-3329

www.here247.ca

147 Delhi St.
Guelph, ON
N1E 4J3

67 King St. E.
Kitchener, ON
N2G 2K4

3-9 Wellington St.
Cambridge, ON
N1R 3Y4

234 St. Patrick St. E.
Fergus, ON
N1M 1M6

Waterloo, ON site coming soon!