



Denisiqi Services Society

Aboriginal Child and Youth Mental Health Referral Form

Mental Health Support for (Concerns about things that are getting in the way of life):

- EXTREME AND PERSISTENT WORRY AND FEAR
- PERSISTENT SADNESS
- UNHEALTHY EATING HABITS
- DRUG AND/OR ALCOHOL (MIS)USE
- BEHAVIOUR PROBLEMS
- HEARING OR SEEING THINGS OTHERS DON'T
- ANGER AND AGGRESSION
- TRAUMA
- ABUSE (PHYSICAL, EMOTIONAL, MENTAL, SEXUAL)
- SELF-HARM
- OTHER _____

Individual Referred

Last Name	First Name	Initial	Age:
Date of Birth:		Gender:	
Address (including postal code):		Client Home/ Cell Phone:	
		School Name:	
		Grade:	
Status: Yes <input type="checkbox"/> No <input type="checkbox"/>	Urban <input type="checkbox"/>	Affiliated Band:	
Metis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Rural <input type="checkbox"/>		
Name of Parent(s)/Legal Guardian(s)/Caregiver(s):			
1) Name: _____		Home/Cell Phone: _____	
		Email: _____	
2) Name: _____		Home/Cell Phone: _____	
		Email: _____	
3) Name: _____		Home/Cell Phone: _____	
		Email: _____	
Has child/youth had previous counselling services? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, when/with who?			
Family Doctor's Name:			
Current Medications:			
Any other Community Supports: (school counsellor, CDC, social worker, outreach worker?) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there any other concerns?			
Is risk for suicide a concern today? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is client aware of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other safety concerns today? Yes <input type="checkbox"/> No <input type="checkbox"/>		Urgent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe:			

Referral Source

Referral Date:	Referral Source/Agency (if any):
Referral Source Name (Print):	Referral Source Email:

Please return to DSS Dr. Cindi Saj Fax: 250-392-6501 Email: cindi@denisiqi.org Thank-you!

You will receive an email confirming we have received your referral within 3 business days