



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 Dawn Golightly Fax: 250-392-6501 Email: dawn@denisiqi.org Thank-you!

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