**EFRY COUNSELLING PROGRAM REFERRAL FORM**

**Please email referrals to** [**counselling@efry.com**](mailto:counselling@elizabethfry.com)

|  |
| --- |
| Date of referral: |

**CLIENT IDENTIFICATION**

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| --- | --- |
| Client Legal Name: | |
| Client Preferred Name: | |
| Address: | Phone:  Email: |
| Can a message be left at this number: Yes ( ) No ( ) | |

**REFERRAL SOURCE INFO**

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| Name, Position: |
| Phone: Office: |
| Date of Referral: |

**REASON FOR REFERRAL (What the client wants to achieve by attending counselling)**

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**LANGUAGE**

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| --- | --- |
| Primary Language: | Additional Language: |
| Is an Interpreter Needed: Yes / No | Is a Service Provision Needed: Yes / No |
| If Yes what provision is needed: | |

**INVOLVEMENT**

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| --- |
| Does Client Require a Record of Participation/Attendance: Yes / No |
| If Yes, to Who: |
| Reason: |

**BRIEF HISTORY**

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| --- | --- |
| **Substance Use** | |
| Is the client currently using alcohol/drugs?  🞏 No 🞏 Yes | Details: |
| Is substance use escalating?  🞏 No 🞏 Yes | Details: |
| Are there high risk activities when the client has been consuming? For example violence  🞏 No 🞏 Yes | Details |
| **Mental Health/Suicide** | |
| Does the client have a mental illness?  🞏 No 🞏 Yes | Details: |
| Has the client ever expressed homicidal/suicidal ideas?  🞏 No 🞏 Yes | Details: |
| Has the client ever attempted death by suicide?  🞏 No 🞏 Yes | Details |

**MENTAL HEALTH INFORMATION – Please provide brief information about previous mental health support**

|  |  |
| --- | --- |
| Person (eg counsellor, psychiatrist) | Description (duration of service, outcomes) |
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**CURRENT SERVICES/SUPPORTS – Please provide brief information about current supports**

|  |  |
| --- | --- |
| Person (eg counsellor, psychiatrist) | Description (reason for service, duration) |
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**PREVIOUS SERVICES/SUPPORTS – Please provide brief information about previous supports**

|  |  |
| --- | --- |
| Person (eg counsellor, psychiatrist) | Description (reason for service, duration) |
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**VIRTUAL COUNSELLING**

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| Technology for counselling:  🞏 Client has smart phone, laptop, or computer to take part in counselling  🞏 Client will use an EFry Tablet to take part in counselling  (Tablets are available from the EFry Tablet library to support access to virtual counselling) |

**INTAKE**

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| 🞏 Service Accepted  Date: Client Signature: |
| 🞏 Service Declined  Date: Reason: |

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| **ASSIGNMENT** (Agency Use Only) |
| Program Supervisor: Date Received: |
| Assigned Counsellor: Date Assigned: |

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