**EFRY COUNSELLING PROGRAM REFERRAL FORM**

**Please email referrals to** **counselling@efry.com**

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| --- |
| 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**

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

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

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| --- | --- |
| 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 AcceptedDate: Client Signature:  |
| 🞏 Service DeclinedDate: Reason: |

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

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