



## North of Superior Counselling Programs Referral

**FAX COMPLETED REFERRAL TO NOSP OFFICE:** Geraldton/Longlac: (807) 854-0006 Nipigon: (807) 887-2764  
 Schreiber/Terrace Bay: (807) 824-1121 Marathon/Manitouwadge: (807) 229-3040

First name:		Last name:	
DOB: (yyyy/mm/dd)		Gender:	Age:
Health Card:		Version:	Expiry date:
Street address:		P.O. Box #:	Town: Postal code:
Name of parent / legal guardian (applicable youth <12 years old):			
Home phone #:		Cell phone #:	
Email:			
Required for Referral	May we leave a message?		<input type="checkbox"/> Y <input type="checkbox"/> N
	May we mail information?		<input type="checkbox"/> Y <input type="checkbox"/> N
	May we text or email scheduling appointments?		<input type="checkbox"/> Y <input type="checkbox"/> N
Preferred language:		<input type="checkbox"/> English	<input type="checkbox"/> French <input type="checkbox"/> Other:
Current school / daycare (if applicable)		Grade:	
Are Child Protection Services involved? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, which Agency?	
Physician / Health Care Provider:		<input type="checkbox"/> NONE	
<b>THIRD PARTY REFERRAL INFORMATION</b>			
Name of referent: _____		Referral date: _____ (yyyy-dd-mm)	
Name of Organization / Agency: _____			
Phone #:		EXT:	FAX:
Is the client at risk of self-harm? <input type="checkbox"/> Y <input type="checkbox"/> N		Harm to Others: <input type="checkbox"/> Y <input type="checkbox"/> N	Past / present HX violence <input type="checkbox"/> Y <input type="checkbox"/> N
Reason for Referral <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance/Addiction			
Please provide a brief summary of presenting issues:			
<b>ADULT SERVICES (please check)</b>		Current medication list attached: <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Psychiatry only	<input type="checkbox"/> Psychiatry & Counselling	<input type="checkbox"/> Senior Support	<input type="checkbox"/> Housing
		Referred client or legal guardian has provided verbal consent for referral? <input type="checkbox"/> Y <input type="checkbox"/> N	

\* please complete the additional Rental Supplement/ Support Program Initial Referral Screen Form