Child and Youth Mental Health Outreach Program
Elkford Women's Task Force Society
P.O. Box 742 Elkford B.C. V0B 1H0
Phone: 250-423-0817
cymhoutreach@gmail.com

Collection of personal information on this form is in accordance with *The Freedom of Information and Protection of Privacy Act* (FOIPPA) for the purpose of delivery of service. Any information collected will be used and disclosed in compliance with FOIPPA. Please direct any questions to your Child and Youth Mental Health Outreach Worker obtaining this information.

Complete the following and return to the Child and Youth Mental Health Outreach Worker in person or via email. Please print clearly and use blue or black ink.

TODAY'S DATE (MM/DD/YYYY)

Child/Youth

LAST NAME	FIRST NAME	MIDDLE NAME
GENDER ☐ Male ☐ Female ☐ Other_____	DATE OF BIRTH (MM/DD/YYYY)	AGE
IS THE CHILD/YOUTH OF INDIGENOUS ORIGIN? ☐ Yes ☐ No	LANGUAGES SPOKEN AT HOME	YOUTH PHONE NUMBERS Home: Cell:
HOME ADDRESS	POSTAL CODE:	CITY/TOWN:

Parent/Legal Guardian

LAST NAME		FIRST NAME	
RELATIONSHIP TO CHILD/YOUTH ☐ Mother ☐ Father ☐ Relative (specify) _____ ☐ Other (specify) _____			
HOME ADDRESS (if different than above)	CITY/TOWN	POSTAL CODE	CHILD/YOUTH LIVES WITH ☐ Yes ☐ No
PHONE NUMBER(S) Home: Cell: Work:			EMAIL ADDRESS
LAST NAME		FIRST NAME	
RELATIONSHIP TO CHILD/YOUTH ☐ Mother ☐ Father ☐ Relative (specify) _____ ☐ Other (specify) _____			
HOME ADDRESS (if different than above)	CITY/TOWN	POSTAL CODE	CHILD/YOUTH LIVES WITH ☐ Yes ☐ No
PHONE NUMBER(S) Home: Cell: Work:			EMAIL ADDRESS

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Medical and Educational Information

MEDICATIONS		DIAGNOSES
SCHOOL NAME		GRADE
SCHOOL CONTACT	POSITION	PHONE NUMBER

Reason for Referral?

What is the concern you have for your child/youth/family?

How did you hear about us (referral source)?

Has the child/youth had previous counselling or mental health services ☐ Yes ☐ No

If yes, when and with whom?

Is risk for suicide a concern today? ☐ Yes ☐ No

Do you have any other safety concerns today? ☐ Yes ☐ No

Referral by: ☐ Self (family or individual seeking service) ☐ Community Agency

Additional Comments?