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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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____		DATE OF BIRTH (MM/DD/YYYY)		AGE
IS THE CHILD/YOUTH OF ABORIGINAL ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		ETHNO/CULTURAL BACKGROUND		LANGUAGE(S) SPOKEN AT HOME
HOME ADDRESS	CITY/TOWN	POSTAL CODE	YOUTH PHONE NUMBERS Home: Cell:	

Parent/Legal Guardian

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

Medical and Educational Information

MEDICATIONS		DIAGNOSES	
SCHOOL NAME		GRADE	
SCHOOL CONTACT	POSITION	PHONE NUMBER	



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

Reason for Visit

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?