

2. Family Supports _____

3. Education _____
4. Previous Employment _____
5. Current Rehab Services _____
6. Previous Rehab Services _____

PART D. MEDICAL BACKGROUND

1. Psychiatric Diagnosis _____
2. Attending Psychiatrist _____
3. Hospital Affiliation _____
4. Most Recent Psychiatric Hospitalization _____
5. Current Psychiatric Status _____
6. Medications _____
7. Other Medical Conditions (seizures, diabetes, etc.) _____

8. Physical Disabilities _____
9. Psychological Concerns (e.g. cognitive, behavioural) _____

(Please attach any reports available)

PART E. LEGAL BACKGROUND

1. Orders of Supervision: yes () no () P.T. Worker _____
2. Personal Supervision by: _____

PART F. REASONS FOR REFERRAL

1. Present situation/needs _____

2. Goals related to referral _____

3. Issues to be aware of _____

Signature _____ Date _____

Additional Information may be required at the program's admission interview.

Please send completed referral form to:

Don Gibson, Director
YMCA-YWCA Mental Health Services
B103 – 290 Vaughan Street
Winnipeg, Manitoba
R3B 2N8

Phone: 989.4194 Fax: 957.5199

Email: dgibson@ymcaywca.mb.ca