

_____ Phone _____

PART C. BACKGROUND INFORMATION

- 1. Living Situation _____
- 2. Family Supports _____

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

PART D. MEDICAL BACKGROUND

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

- 9. Physical Disabilities _____
- 10. 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:

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

Phone: 989-4194 Fax: 957-5199

Email: bsawatzky@ymcaywca.mb.ca