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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | | | | | |
| **Referral Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Phone |  | | | | | | | | | Fax: | |  | | | | | | | | |
| Email Address: | | | | | | |  | | | | | | | | | | | | | |
| **CONSENT** | | | | | | | | | | | | | | | | | | | | | | | | |
| Caregiver Aware of the Referral: | | | | | | | | | **Yes** | | | | | | | | | | **No** | | | | | |
| Current level of need | | | | | | | | | **High** | | | | | | **Medium** | | | | | | | | **Low** | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
| **CAREGIVER** | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender and preferred Pronouns: | | |  | | | | Age: | |  | | | | | | | | | DOB: | | | |  | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Ethnicity:** | **Status** | | **Non-Status** | | | **Metis** | | **Other** | | | | **CHILDREN** | | | | | | | | | | | | Gender and preferred Pronouns: | | |  | | Age: |  | | DOB: | |  | | Name: | | |  | | | | | | | | | Gender and preferred Pronouns: | | |  | | Age: |  | | DOB: | | | Name: | | |  | | | | | | | | | Gender and preferred Pronouns: | | |  | | Age: |  | | DOB: | | | Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Phone #: | | | |  | | | | | | Cell #: | | | |  | | | | | | | | | | |
| Email Address: | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Diagnosis: YES or NO** | | | | | | | | | | | | | | | | | | | | | | | | |
| Who diagnosed: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Where: | | | |  | | | | | | | When: | | |  | | | | | | | | | | |
| Attach copy of these assessments? | | | | | | | | | | |  | | | | | | | | | | | | | |
| Other Assessments and/or Tests: | | | | | | | | | | |  | | | | | | | | | | | | | |
| What other community resources/supports is client involved with family/individual: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | Cell: | |  | | | | | | | | |
| **Others in the Home?** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | Age: | | | |  | | | |
| Name: | |  | | | | | | | | | | | | | | | Age: | | | |  | | | |
| Anyone staying temporarily? | | | | | | | |  | | | | | | | | | | | | | | | | |
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| In home risks to be aware of: | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **EXPECTATIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the concerns? | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is the individual hoping will happen as a result our involvement...what level of involvement do you/ they expect is needed? | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Additional Information** | | | | | | | | | | | | | | | | | | | | | | | | |
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