



Counselling Referral Form

Form must be faxed or scanned to:

Randy.burke@360kids.ca

Fax Number: (905) 475-5733

Date of Referral: _____

Referral Source:

YOUTHrive: ___ A.S.P.: ___ A.T.S.: ___ Y.I.T.W.: ___ Y.O.W.: ___ Connections: ___

Home Base: ___ H.O.P.E: ___ S.T.A.Y.: ___ Youth Job Connection: ___ Base4Success: ___

Other: _____

Youth is supportive of this referral? Yes No

Agency Program Referral Information:

Name of agency personnel _____

Youth Name _____ Email _____ Age ___ D.O.B. _____

Address _____ Postal Code _____

Home Phone _____ Cell Phone _____ Email: _____

Participant Suitability Indicators:

- Aboriginal Person
- Person with Disability
- Age (under 22 years)
- Mental Health
- LGBTTQ
- Legal Issues
- Language
- Family/Household Circumstances

Counselling needs/concerns: (Place an "X" in the applicable box):

- Family issues Anger issues Friend/relationship issues School
- Drug or Alcohol use Self-esteem issues Body image issues
- Self-harming behaviours Depressed mood Anxious mood Anger issues
- History of aggression/violence**

Current Mental Health Diagnosis: Yes No _____

Brief explanation about individuals' current situation:

Best method to contact client: _____

Please indicate the best time to contact the client:

- Mornings (am) Afternoons Evenings (pm)

Return this form to:
 Randy Burke, Manager of Support Programs
 Tel: 647-637-2800
 Fax: 905-475-5733
Randy.burke@360kids.ca