

FREEDOM QUEST

Professional Referral Form

Referring Agent Information

Name: _____
 Agency: _____
 Phone: _____
 Email: _____
 Fax: _____
 Date: _____

Client Information

Name: _____
 Address: _____
 Phone: _____
 DOB: _____
 PHN: _____
 Alt. Contact: _____

Client is aware of referral

Please select the program to which you wish to refer and fax/phone your referral to that program.

***PLEASE DO NOT EMAIL REFERRAL FORMS OR INFORMATION.**

Youth Substance Use Outreach Counselling	<input type="checkbox"/>	CASTLEGAR	PH: 250.304.7305		349 Columbia Ave., Castlegar, BC, V1N 1G6
	<input type="checkbox"/>	SLOCAN	PH: 250.304.7374		349 Columbia Ave., Castlegar, BC, V1N 1G6
	<input type="checkbox"/>	TRAIL	PH: 250.231.4962		1300 Pine Ave., Trail, BC, V1R 4E7
	<input type="checkbox"/>	NELSON	PH: 250.505.9804	FAX: 250.304.2678	203B-518 Lake St., Nelson, BC, V1L 6C2
	<input type="checkbox"/>	NAKUSP	PH: 250.505.4376		611 Broadway St., Nakusp, BC, V0G 1R0
	<input type="checkbox"/>	SALMO	PH: 250.231.4962		206 7th St., Salmo, BC, V0G1Z0
	<input type="checkbox"/>	GRAND FORKS	PH: 250.442.7979		486B 72nd Ave., Grand Forks, BC, V0H 1H0
<input type="checkbox"/>	KASLO	PH: 250.353.8647	#1-404 Front St., Kaslo, BC, V0G 1M0		
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Concurrent Disorders Clinician	<input type="checkbox"/>	CASTLEGAR			
	<input type="checkbox"/>	TRAIL			
	<input type="checkbox"/>	NELSON			
	<input type="checkbox"/>	NAKUSP	PH: 250.304.8031	FAX: 250.304.2678	See above
	<input type="checkbox"/>	SALMO			
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Day Treatment Program	<input type="checkbox"/>	REGIONAL	PH: 250.231.0316	FAX: 250.304.2678	349 Columbia Ave., Castlegar, BC, V1N 1G6
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Child and Youth Mental Health Counsellor	<input type="checkbox"/>	TRAIL	Referrals must be made through Child and Youth Mental Health (CYMH)		349 Columbia Ave., Castlegar, BC, V1N 1G6
	<input type="checkbox"/>	CASTLEGAR	Castlegar – 250-365-4470 Trail – 250-364-0540		
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Specialized Residence for Youth with Complex Needs	<input type="checkbox"/>	TRAIL	Referrals are not accepted for this service. All youth living in the home are placed there by the Ministry of Children and Family Development.		Undisclosed location
	<input type="checkbox"/>	CASTLEGAR			
	<input type="checkbox"/>	NELSON			
<hr/>					
Therapeutic Recreation Programming	<input type="checkbox"/>	REGIONAL	Referrals are accepted from youth-serving organizations. Individual referrals are not accepted.		Various locations
			250-304-2676		

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Reason for Referral

Lined area for entering the reason for referral. The text is obscured by a large, faint watermark logo.

In your assessment, is this referral:

- High Risk
- Medium Risk
- Low Risk