



201-170 WALLACE STREET
NANAIMO, BC V9R 5B1
PH: (250) 754-2773
FAX: (250) 754-1605

Significant Others:

| Name | Role/Relationship | Phone | Date of Birth if <19 |
|------|-------------------|-------|----------------------|
| | | | |
| | | | |
| | | | |

Other Involved Professionals:

| Name | Role/Relationship | Phone/Fax |
|------|-------------------|-----------|
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Reason for Referral:

Additional Information:

Goals for Referral:

General Risk Factors for Referred Person(s):

Potential Risk to NARSF staff: (eg. Health/medical concerns, personal safety concerns, history of violence):

Signatures

Please sign below to indicate that this referral has been reviewed by both the referring worker and the person being referred.

(Signature of Person(s) being referred)

(Date)

(Signature of Referring Person and area team code if applicable)

(Date)

- CVI HARM REDUCTION SERVICES
- EATING DISORDERS PROGRAM
- LIVING IN FAMILIES WITH TEENS (LIFT) PROGRAM
- MENTAL HEALTH OUTREACH PROGRAM
- SEXUAL ABUSE INTERVENTION PROGRAM
- TRANSITIONS
- YOUTH SERVICE PROGRAM