

# Youth Withdrawal Management and Supportive Recovery Referral Form

**Program Requested (tick all that apply)**

- 180° –JHSNI phone: 250-286-0611, fax: 250-286-3650
- Boys and Girls Club phone: 250-370-5925, fax: 250-370-5951
- Transitions Program -NARSF phone: 250-714-8167, fax: 250-754-1605
- Specialized Youth Detox - YES phone: 250-383-3514, fax: 250-383-3812

**Service Requested**

- Withdrawal Management (7-10 days)
- Supportive Recovery (up to 3 months)
- Both

Date of Referral: \_\_\_\_\_  
*Day/Month/Year*

Referral Source Name: \_\_\_\_\_ Office: \_\_\_\_\_ Toll Free #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Youth & Family Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Care Card #: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Transgender/Other: \_\_\_\_ Aboriginal: \_\_\_\_ Band: \_\_\_\_\_

Current Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Professionals: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Related Issues/Risk Factors**

<input type="radio"/> Mental Health Issues/FAS	<input type="radio"/> Language Barriers	<input type="radio"/> Eating Disorders
<input type="radio"/> Homelessness/Couch Surfing	<input type="radio"/> Not in School	<input type="radio"/> Suicide
<input type="radio"/> Criminal Behavior	<input type="radio"/> Self Harm/Cutting	<input type="radio"/> Physical Disabilities
<input type="radio"/> Youth Justice Involvement	<input type="radio"/> Disconnected from Family	<input type="radio"/> Pregnant
<input type="radio"/> History of Fire Setting	<input type="radio"/> Aggressive Behaviours	<input type="radio"/> Medical Conditions

Is the youth aware of this referral? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the youth agree to the referral? Yes \_\_\_\_\_ No \_\_\_\_\_

## Substance Use History

**Intent:** To understand their substance use history in order to assess the impact of their use.

The following were used at least once (for non-medicinal purposes):

SUBSTANCE & RANK ORDER (ONLY #1, 2, &3)	Age of 1 <sup>st</sup> use	# of Days Used in Past 30 Days	Current Use (Y/N)	Pattern	Quantity	Method	Stage of Change
Tobacco <i>(do not rank)</i>							
Alcohol							
Cannabis							
Ecstasy							
Cocaine							
Crack Cocaine							
Hallucinogens							
Crystal Meth							
Heroin							
Inhalants							
Prescription							
Methadone							
Steroids							
Over the counter							
Other							

Drug that causes most problems in your life: \_\_\_\_\_

Additional Comments: Please identify client strengths/resiliencies that will assist youth to be successful in the program. (Please attach YFAS assessment if completed)

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Strengths:

Challenges:

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