Pacific Community Resources Society

Astra

REFERRAL FORM

Referral Source Information		
Referral By:		Referral Date:
Agency:		Phone:
Relationship to youth:	Fax:	Email:

Youth Information		
Name: First / Preferred / Last		
Gender:	Date of Birth (yy/mm/dd):	PHN:
School:		
Current Address: Apt # / Street / City / Postal Code		
How may we contact youth?	Home Phone: Leave Message? ☐ Yes ☐ No	Cell Phone: Leave Message? ☐ Yes ☐ No
Current Medications/Prescribed for:		
Legal Guardian Name:		Relationship:
Phone (H):	Cell Phone:	Phone (W):
Emergency Contact:		Relationship:
Phone (H):	Cell Phone:	Phone (W):

Reason for Referral				
☐ Self-Motivated	☐ School Request	☐ Parent Request	☐ Service Provider Request	
Substance Use Concern:	☐ Alcohol	☐ Marijuana	☐Ecstasy	☐ Cocaine ☐Other(s):
Legal Issues:	☐ Current Charges:		☐ Pending Charges:	
Comments:				