

Referral Cover Sheet

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|---------------------------------|--|--------------------------|--|
| Referral Name: | | Date: | |
| Age at time of referral: | | D.O.B.: | |
| Wardship Status: | | Agency: | |
| Placement worker: | | E.C.F.S. Program: | |
| Child Service Worker | | OHIP # | |
| Family Service Worker: | | | |
| Pending court issues: | | | |

Present Living Situation at the time of referral:

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Placement History:

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| 1st Placement | |
| Type of Placement | |
| Description of Placement | |
| Date and duration: | |
| Reason for move: | |

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| 2nd Placement | |
| Type of Placement | |
| Description of Placement | |
| Date and duration | |
| Reason for move: | |

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| 3rd Placement | |
| Type of Placement | |
| Description of Placement | |
| Date and duration | |
| Reason for move: | |

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School Circumstances: Clarify if Day Treatment is required:

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Medical and medication history and details:

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Involvement in therapy or groups:

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Previous Assessment and/or documentation included or referred to:

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|---|---------------------------------------|---------------|
| Assessment Date and Description: | Is the documentation included? | YES/NO |
|---|---------------------------------------|---------------|

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Family System: Describe person and give any relevant information

D.O.B.

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| Mother: | | |
| Father: | | |
| Siblings: | | |
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| Others : | | |
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Describe current family contact: include format, frequency and type of contact:

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Genogram



Identified Patient

Questions for Referring Agency and others:

- 1.
- 2.
- 3.
- 4.
- 5.