

**DISCOVERY YOUTH AND FAMILY SUBSTANCE USE SERVICES**530 Fraser St-2<sup>nd</sup> Floor, Victoria, BC V9A 6H7

Ph: 250-519-5313, Fax: 250-519-5314

www.viha.ca/youth-substance-use

Info Session  IIA  Direct Referral  For Internal Use Only Intake Counsellor: \_\_\_\_\_  
 Counsellor: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Family: Y N # attend: \_\_\_ Individual: Y N # attend \_\_\_ Other: eg PO \_\_\_\_\_ Location: \_\_\_\_\_

**REFERRING AGENT INFORMATION:**

Person calling: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Discovery to contact referral agent: Y  N  Discovery to contact the client directly: Y  N   
 Referring Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 School:  MCFD Child Protection:  MCFD CYMH:  Youth Justice:   
 Parent/Caregiver:  Self:  Family Dr:  VGH Crisis MH:   
 IH Youth Clinic:  Youth Detox:  Other: \_\_\_\_\_

**CLIENT INFORMATION GIVEN NAME:**

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M  F  U   
 Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 School: \_\_\_\_\_ Gr: \_\_\_\_\_ Family Dr: \_\_\_\_\_ PHN# \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 message:  Y  N message:  Y  N  
 Guardian/Caregiver: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Has the person received services from Discovery in the past?  Y  N Counsellor: \_\_\_\_\_

**REASON FOR REFERRAL****YOUTH / FAMILY CONSENT TO REFERRAL**

The Parents/Caregivers of this youth are aware of the referral to Discovery Services : Y  N   
 The reason for this referral has been explained to the client: Y  N   
 The client agrees to the exchange of information between the Referring Agent and Discovery for the purpose of this referral: Y  N

Client Signature: \_\_\_\_\_

OUTCOME: INFO SESSION ONLY:  IIA BOOKED:  NO SHOW:  INTAKE NO SERVICE:

**FOR INTAKE COUNSELLOR ONLY**

**COMMUNITY REQUEST:**

**Name and Org:**

**Date:**

**Work Phone:**

**Cell Phone:**

**Email:**

message:  Y  N

message:  Y  N

**Reason for Request:**

**Phone Log:**

**Intake Counsellor:**

**Date:**