



Karis Support Society

1849 Ethel St. Kelowna B.C. V1Y 2Z2

Tel: 250.860.9507 Fax: 250.860.9517

www.karis-society.org

REFERRAL FORM

REFERRAL INFORMATION:

Referring Agent: _____

Agency Name: _____

Agency Phone: _____

DATE: _____

Email: _____

Address: _____

Agency Fax: _____

RESIDENT Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone No: _____ Alternative No: _____

Care Card No: _____ DOB: _____ SIN: _____

Marital Status: _____ No. of Children: _____ No of dependent children _____

Ages and Names of Children: _____

Emergency Contact Info:

Name: _____ Address: _____

Phone No: _____ Alternative No: _____

Relationship: _____

Family Physician: _____ Telephone No: _____

Psychiatrist: _____ Telephone No: _____

Family Physician: _____ Telephone No: _____

Mental Health Case Manager: _____ Telephone No: _____

Alcohol & Drug Counsellor: _____ Telephone No: _____

Other Professional/Community Supports: _____

Medical Conditions:

Mental Health Diagnosis:

Medications: (Include dosage)**Condition(s) Being Treated:**

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Are any of the following health risk behaviours currently present? (Within the last 6 months.)

	Yes	No	How often	Last time	How Managing
Seizures	Yes ____	No ____	_____	_____	_____
Suicide attempts	Yes ____	No ____	_____	_____	_____
Self-inflicted violence (e.g. cutting	Yes ____	No ____	_____	_____	_____
Hospitalization for Psychiatric illness	Yes ____	No ____	_____	_____	_____

Does resident have a history of: physical or sexual abuse? _____

ALCOHOL & DRUG USE SUMMMARY:

Substance Used	Years of use	Date of last use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Other addictions of concern (e.g. gambling, shopping): _____

Experience with:	Dates or No of times	Complete	Incomplete
Residential treatment	_____	_____	_____
Supportive Recovery	_____	_____	_____
Detox	_____	_____	_____

Does resident have pending charges, court involvement or probation/bail commitments? No ____ Yes ____

Please describe: _____

Education: _____

Does resident have any special needs (i.e. literacy, disability)? Yes ____ No ____

Please describe: _____

Income: MEIA _____ Disability: _____ Other: _____