Freedom Quest
Regional Youth Services

Professional Referral Form

Head office Castlegar **Ph:** 250 304-2676 *or* 1-877-304-2676 • **Fax:** 250 304-2678

Trail office
Ph: 250 364-0082 • **Fax:** 250 364-0083

Nelson office
Ph: 250 352-3783 • **Fax:** 250 352-3753

Nakusp
Ph: 250 265-3674 **Fax:** 250 265-3378

Grand Forks
Ph: 250 442-7979 • **Fax:** 250 442-4324

Kaslo
Ph: 250 505-9804

Salmo
Ph: 250 505-4376 • **Fax:** 250 304-2678

Program:

- ☐ 1—1 Youth Counselling
- ☐ Day Treatment
- ☐ YSAM
- ☐ Hospital Liaison
- ☐ Group
- ☐ Reconnect
- ☐ Prevention
- ☐ Sch.Dist.#51/FQ partnership
- ☐ Family A&D Support
- ☐ Concurrent
- ☐ Parent Teen Mediation
- ☐ Skills Aquisition

Date: _____

Name or professional referring: _____

Agency referring from: _____

Address: _____
_____
_____
_____

Phone: _____
Fax: _____

Client you are referring: _____

Address: _____
_____
_____

Phone: _____
PHN: _____
D.O.B.: _____

Reason for referral: _____

_____

Goals: _____

Is this an open file? ☐ yes ☐ no

Reporting requirements: _____

☐ client is aware of this referral

In your assessment is your referral: ☐ high risk ☐ medium risk ☐ low risk

Revised Oct. 1, 2013