Knowles CENTRE

2065 Henderson Highway
Winnipeg, MB R2G 1P7
T: 204-339-1951 F: 204-334-4173

MOVING FORWARD
Therapy Services Referral Form

MOVING FORWARD is a fee-for-service program. That means there is a cost for this service. Often the cost of service may be reimbursed through extended health insurance plans (Knowles Centre will provide an official receipt for services). As appropriate, payment may be covered through Dept of Families supports, Jordan's Principle or other third-party agencies. It is the responsibility of the parent or caregiver to arrange funding. Call 204-339-1955 for more information.

1. CLIENT INFORMATION

Name: _____ Birth date: _____

Address: _____

Phone: _____ Email: _____

Is the youth willing to take part in therapy sessions?
☐ Yes
☐ No
☐ Youth has not been advised of referral yet

Name of 1st parent/caregiver or placement: _____

Relationship to child/youth: _____ Is parent/caregiver or placement aware of referral? ☐ Yes ☐ No

Address if different than above: _____

Phone if different than above: _____ Email _____

Name of 2nd parent/caregiver or placement: _____

Relationship to child/youth: _____ Is parent/caregiver or placement aware of referral? ☐ Yes ☐ No

Address if different than above: _____

Phone if different than above: _____ Email _____

CFS Status: ☐ Not in care ☐ Voluntary Placement Agreement
☐ Under Apprehension ☐ Temporary Ward ☐ Permanent Ward

If client VPA: Parent: _____ Phone: _____

If not in care, parents' status ☐ Single ☐ Common-law ☐ Married
☐ Separated ☐ Divorced ☐ Widowed

Custody Agreement: _____

For clients in care or on an extension of care

CFS worker: _____

Agency: _____

Agency address:

_____

Phone: _____ Fax: _____

Email: _____

2. REFERRAL INFORMATION (if applicable)

Referring worker: _____

Office/Unit: _____ Phone: _____

3. REASON FOR REFERRAL

a. Please identify the main reasons for seeking counselling services. What are the areas that the client wants assistance with?

b. List any relevant symptoms the client is experiencing, e.g., sleep, appetite, concentration problems; mood concerns; regressive behaviours, etc.

c. List any concerning behaviours the client is displaying, e.g, running, substance use, aggression, concerning sexualized behaviours, exploitation, etc.

d. List any medical or psychiatric diagnosis.

e. List any medication presently or previously prescribed.

f. Describe any history of suicidal ideation and/or attempts by client.

g. Are there any current safety concerns. ☐ Yes ☐ No
If yes, please describe:

h. Describe any other self-injurious behaviours, e.g. cutting, burning, head-banging, etc.

i. List any recent sources of treatment, e.g. family doctor, psychiatrist, psychologist, therapist, school counsellor, etc.)

4. FAMILY INFORMATION

Mother: _____ Father: _____

Describe important info regarding relationship with mother

Describe important info regarding relationship with father

Siblings:

Name	Age

Describe important info regarding relationship with siblings, if relevant.

Other significant family members or individuals not listed above:

Name	Age	Relationship

Describe important info regarding relationship with others, if relevant.

Describe the strengths of the client and his or her family.

List other agencies currently involved with the client and/or family.

Additional information not otherwise noted.

Social History (if applicable):
A "social history" will be requested. This is a written account of the client that puts his or her issues or behavior in context. A social history may include aspects of the client's developmental, family, and medical history, as well as relevant information about life events, demographics, culture, and schooling. It is helpful to help understand their current situation, and to plan for effective treatment and care.

☐ Social history is being sent with referral.
☐ Social history to be sent later.
☐ Not available.

5. I hereby declare that the above information is accurate.

Name (please print)	Signature	Date

Please return this referral form to:

Clinical Director
Knowles Centre
2065 Henderson Highway
Winnipeg, MB R2G 1P7

Fax: 204-334-4173
LHershfield@knowlescentre.org

Or call 204-339-1955 for more information.

THIS DOCUMENT IS CONFIDENTIAL WHEN COMPLETED.