



Knowles Centre Inc.

Helping Individuals Find Their Path: Yesterday, Today, and Tomorrow

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Winnipeg, Manitoba R2G 1P7
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Sexual Abuse Treatment Program Referral Form

Referral Process: Individual, Parent, Social Worker, Guardian needs to complete the referral form and fax or mail to Knowles Centre Sexual Abuse Treatment Program.

If not married or in a common-law relationship what is the custody agreement?

Person Referred for Therapy (Check One)

(Please complete one form per client)

☐ Child Victim ☐ Non-offending Parent ☐ Sibling

If client is under 18 years of age what is their status?

☐ Not in Care ☐ Apprehension ☐ Voluntary Placement Agreement

☐ Temporary Ward ☐ Permanent Ward

If not in care are client's parent(s)

☐ Single Parent ☐ Married ☐ Common-law ☐ Separated

☐ Divorced ☐ Widower

Date of Referral

Eligibility for Criminal Injuries Funding ☐ Yes ☐ No ☐ N/A

If No or N/A, please explain:

A. CLIENT REFERRAL INFORMATION

Name: _____

Birthdate: _____

Address: _____

Phone Number: _____

If referral is for a child

Name of Caregiver: _____

Relationship to Child: _____

Address: (if different than above)

Phone: (if different from above) _____

Is Parent/Caregiver aware of referral? ☐ Yes ☐ No

B. SOURCE OF REFERRAL

Name of Worker: _____

Office/Unit: _____

Phone Number: _____

(Individual, Parent, Social Worker, Guardian)

Signature

Date

C. SEXUAL ASSAULT INFORMATION

-
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a) Date of disclosure:

-
-
-
-

-
-
-
-

d) What precipitated the disclosure?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

3. Offender Information

a) Relationship of child victim to offender:

b) Was offender an adult or minor at the time of assault?

c) Offender's present/possible access to child:

4. Medical Findings, if any:

5. Legal Status

a) Police Report: ☐ Yes – Date _____

☐ No ☐ Pending

b) Investigation:

The investigation is complete.

☐ Yes ☐ If No, list reasons

c) Charges

☐ Yes

If Yes, list charges

☐ No

If No, list reasons

d) Conviction

☐ Yes

If Yes, list charges

☐ No

If No, list reasons

e) Legal Counsel

Are you represented by legal counsel for matters pertaining to the alleged sexual abuse?

☐ Yes

☐ No

If Yes, please provide name and contact number.

If No, list reasons.

Are you represented by legal counsel for matters other than sexual abuse?

☐ Yes ☐ No

If Yes, provide reasons for services, name of counsel, and contact number.

D. REASON FOR REFERRAL

1. List any relevant symptoms the client is experiencing (e.g., sleep/appetite/
concentration problems, regressive behaviours, etc.)

2. List any medical or psychiatric diagnoses

3. List any medication presently prescribed

4. List any history of self-injurious behaviour by client

Isolated suicidal thoughts ☐ Yes ☐ No

Frequent, persistent suicidal thoughts ☐ Yes ☐ No

Threatening suicide ☐ Yes ☐ No

Has suicide plan ☐ Yes ☐ No

☐ High Risk

☐ Medium Risk

☐ Low Risk

Other self injurious behaviours: (list)

List present source of treatment (e.g., family doctor, psychiatrist, therapist, etc.):

E. FAMILY INFORMATION

1. List of household members –

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Response of family to disclosure and current coping:

3. Other significant family members not listed above –

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. List other agencies presently involved with the case:

5. Strengths of child and/or family:

I hereby declare that the above information is accurate.

Name

Date