Barrett Centre for Crisis Support

Referral Form

T: 905-529-7878
F: 905-529-3993

Good Shepherd
Faith in people.

Please complete this referral form in detail and provide a phone number that we can call you back at if more information is required and to notify you if the client has been accepted into service. A decision will be made regarding appropriateness for the program fairly quickly following the receipt of this completed referral form.

REFERRER INFO:

Crisis Bed ☐ Transition from: in-patient ☐ Custody (must have MH diagnosis) ☐

PES ONLY: Safe Bed ☐ Occurrence #: _____ COAST Staff:_____

Date: _____ Time: _____ Referral Agency: _____

Referrer Name: _____ Phone Number: _____ Has client consented to be referred to our services? Yes ☐ No ☐

PERSONAL INFORMATION:

Client Preferred Name: _____ Pronouns: _____

DOB (Y/M/D): _____ Gender Identity:_____

Current Address _____ City _____

Telephone _____ Can leave VM? Yes ☐ No ☐

Mental Health Diagnosis (if any) _____

What would the client like help with during their stay? What goals, skills, referrals, etc.?

_____

_____

_____

CURRENT SYMPTOMS AND PRESENTING ISSUES (Please check all that apply)

Mood	**Situation**	**Thought**
☐ Angry, irritable, agitated	☐ Financial concerns	☐ Paranoia
☐ Anxiety, panic	☐ Relationship/family issues	☐ Auditory/visual hallucinations
☐ Feelings of hopelessness	☐ Appetite: increase / decrease	☐ Difficulty with decisions
☐ Mood changes	☐ Physical health issue	☐ Changes in memory
☐ Self-esteem issues	☐ Sexual Orientation or Gender	☐ Disorientation
☐ Sadness	☐ Housing	☐ Guilt/shame
☐ Sleep: decrease / increase	☐ History of Abuse/Neglect	☐ Risk to self/others

Other symptoms/issues: _____

Does the individual have a history of substance use? Current/Recent ☐ Historical ☐ None ☐

If recent, provide date of last use/type of substance:_____

Please fax completed form to: 905-529-3993 Any questions: 905-529-4343 ext. 2472

Does the individual have a history of self-harm? Current/Recent ☐ Historical ☐ None ☐

Suicidal ideation/attempts? Current/Recent ☐ Historical ☐ None ☐
If so, please provide more information (i.e. current thoughts, last attempt, risky behaviour, etc.)

Does the client have a history of aggression/violence? Current/Recent ☐ Historical ☐ None ☐
If yes, please provide more information (i.e. current thoughts, last act of aggression, etc.)

Does the client have any current charges or is on probation? Current/Recent ☐ Historical ☐ None ☐
If so, please identify the nature of the charges:

Does the client take any medications Yes ☐ No ☐
Are there any medication concerns or follow-up? Yes ☐ No ☐
Does the client have any medical or mobility issues? Yes ☐ No ☐

If yes to any above, please explain:

OTHER
Are there any other special considerations (i.e., language, vulnerability, trauma, ADLs) Yes ☐ No ☐
If so, please describe:

What other service(s) does the client currently receive support from?

What other referrals have been made? What services are pending?

Is there anything else to know that would help us understand this request for service?

The Barrett Centre provides 24/7 telephone crisis assessment and intervention, short term crisis bed stay, where intensive support is provided and assistance in developing coping strategies, symptom management/stabilization and referral. We also offer a step-down transitional support (post-psychiatric hospitalization to community, and from custody to community). The crisis bed can be used as an alternative to hospitalization for less acute cases. Referrals are accepted from both professionals as well as family/self. Eligibility criteria include: 16 years of age and older, agreeable to the service, self-identified mental health crisis with or without a diagnosis, and does not pose a ***significant*** threat to self and/or others.

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