

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 #: _____

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

- Angry, irritable, agitated
- Anxiety, panic
- Feelings of hopelessness
- Mood changes
- Self-esteem issues
- Sadness
- Sleep: decrease / increase

Situation

- Financial concerns
- Relationship/family issues
- Appetite: increase / decrease
- Physical health issue
- Sexual Orientation or Gender
- Housing
- History of Abuse/Neglect

Thought

- Paranoia
- Auditory/visual hallucinations
- Difficulty with decisions
- Changes in memory
- Disorientation
- Guilt/shame
- 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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