

## Referral Form: Youth Wellness Hubs Ontario

**Client Information:**

Name (Last/First): \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

(Number/Apt.)
(Street)
(City)
(Province)
(Postal Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Identity: Female  Male  Transgender  Other

Preferred Pronouns: \_\_\_\_\_

**Your Current Needs:**

Please indicate areas in which you require support or assistance and describe your current needs:

<u>Area of Need</u>	Yes, I need support	No support needed	If yes, what type of support is needed? <i>(i.e. Services available, practical help, social support, etc.)</i>
<b>Mental Health</b>			
<b>Substance Use</b>			
<b>Education</b>			
<b>Food Security</b>			
<b>Housing</b>			
<b>Employment</b>			
<b>Other</b> <i>Please Describe</i>			

**Referral Source:**

Referral name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Reason for referral:

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_