



Referral and Assessment Form

1) Client Information

Date: _____

Name: _____

Other Names Used: _____

DOB: _____ Age: _____ Personal Health Number: _____
(year) (month) (day)

Contact Number: _____ Message OK? Yes No

Gender: _____ Marital Status: S M D W Children: _____ In care? Yes No

Ethnicity/Cultural Identification:

Aboriginal Afro-Canadian Asian Indo-Canadian Latin Caucasian

Other: _____ Hair colour: _____ Eyes: _____ Weight: _____ Height: _____

Identifying marks (tattoos, piercing, birth marks etc.): _____

Current Address: _____ Postal Code: _____

2) Parent/Guardian/Emergency Contact Information

Emergency Contact: _____ Tel. #: _____

Parent(s) Name: _____ Tel. #: _____

Are you in Care? Yes No *if yes, for how long?* _____

Social Worker: _____ Tel. #: _____

Office Location: _____

Caregiver/Foster Parent: _____ Tel. #: _____

3) Treatment History

Have you participated in treatment/counseling for alcohol and drug related issues before? Yes No
if yes, please detail (when/where): _____

Have you worked with Watari services before? Yes No *if yes, when/how* _____

5) Substance Use/Misuse Information

Substance Used	Age of first use	Date of last use	Pattern of use: (route of admin, amount used, #times per day)
Alcohol			
Marijuana			
Cocaine			
Crack			
Heroin			
Crystal Meth			
Lsd			
Mushrooms			
Ecstasy			
Inhalants			
PCP			
Prescription Drugs (specify)			
Methadone			
Other			

Are you currently on a methadone program? Yes No *if yes, Current Dosage: _____Mg*
 Date Started: _____ Prescribing Doctor: _____ Tel. #: _____

Readiness to Change: Which one of the following statements most nearly represents where you are at in relation your drug/alcohol use?

1. Drugs/alcohol aren't a problem for me. I have no intention of changing. _____ (*pre-contemplation*)
2. I'm starting to think drugs/alcohol might be a problem, I am trying to understand the effects they have in my life and I think about changing. _____ (*contemplation*)
3. Drugs/alcohol have brought problems into my life. I need to do something and would like some support and ideas on how to make changes. _____ (*prep./ decision making*)
4. I have taken some steps to change my drug/alcohol use and want to keep working on this. I am putting my plans into action. _____ (*action*)
5. While it's hard, I have been substance free/use at my goal level for 6 months. I am continuing to change and would like continued support. _____ (*maintenance*)

6) Legal Involvement

Do you have any past or current legal system involvement? Yes No

if yes, please list charges: _____

Current situation: _____

Probation / Parole Officer's Name: _____ Phone: _____

7) Employment / Education History

Are you currently in school? Yes / No *if yes, Name of School:* _____

Grade: _____ *if no, last grade completed:* _____

Have you ever been employed? Yes No Currently? Yes No

if yes, please outline your employment history: _____

8) Friends / Family Relationships

Approximately how many good friends do you have? _____

How many friends do you have who are either not misusing substances or who are trying to make changes in their lives? _____

Who would most support you in coming to treatment? _____

Briefly describe your family and/or home situation: _____

9) Current Context

What makes you come for counselling now? _____

Out of 100%, how much of your decision to come to this program is your own? _____%

and how much are you here because someone else wants you to be _____%

What could help you to be here more for your own reasons? _____

Are there any other issues you feel you need to deal with? (please check off any that apply)

self-esteem anger management grief /loss social skills unhealthy/dangerous relationships parenting skills history of abuse Other: _____

Are there any topics that might be hard for you to talk about or that might trigger you? _____

Getting to Know You...

List three things you like to do _____

Three things you would like to try _____

One thing that you do well _____

What are three words a friend would use to describe you? _____

List three words you would use to describe yourself _____

Is there anything else that you think is important for us to know about you? _____

10) Community Contacts

Please list all the professionals/support people that you are connected with or have worked with recently:

Parent(s): _____ Tel. #: _____

Alcohol & Drug Counsellor: _____ Tel. #: _____

Social Worker: _____ Tel. #: _____

Counsellor: _____ Tel. #: _____

Outreach Worker: _____ Tel. #: _____

Doctor: _____ Tel. #: _____

Mental Health Worker: _____ Tel. #: _____

Probation / Parole Officer: _____ Tel. #: _____

Other: _____ Tel. #: _____

Other: _____ Tel. #: _____

11) Client Signature

I state that the information in this referral / application is true to the best of my knowledge and that I am applying to participate in the Watari Youth Day Treatment Program willingly.

Client signature Date

Would you be open to being contacted to answer a few questions about your experience of the program within the year following your participation in the program? Yes No

12) Referral Source

How did you hear about the Day Program? _____

Are you being referred to the program? If so, who is referring you? _____

If referred by a professional (ex. counsellor, outreach worker, probation officer etc.) Please ask them to fill out the following questions and return with your referral form.

A) Is this young person receiving counselling from you? Yes No

If yes, how often and for how long? _____

If no, in what capacity are you working with this youth? _____

Will you continue to see this young person during and after treatment? Yes No

B) What do you see as this youth's particular strengths and abilities?

C) What is your perception of this youth's readiness for change? In your opinion, what are some potential challenges she/he may face? _____

D) What do you see as the overall treatment goals for this youth? _____

E) What is the aftercare plan for this youth following Watari? _____

How can Watari support this plan? _____

F) Please add any additional information that might assist Watari staff in supporting this youth. _____

Please attach any mental health/treatment assessments pertaining to this youth.