North Island Crisis and Counselling Centre Society
7095 Beverley Parnham Way
P.O. Box 2446 Port Hardy B.C. V0N 2P0

Youth Withdrawal Management and Supportive Recovery Referral Form

Program Requested

☐ Withdrawal Management/Supported Recovery Program - NICCCS phone: 250-949-8333, fax: 250-949-8344

Service Requested

☐ Withdrawal Management (7-10 days)

☐ Supportive Recovery (up to 3 months)

☐ Both

Date of Referral: _____
Day/Month/Year

Referral Source Name: _____ Office: _____

Phone: _____ Fax: _____ Email: _____

Youth and Family Information:

Name: _____ DOB: _____
Age: _____ Care Card #: _____

Male: ☐ Female: ☐ Transgender/Other: ☐ Aboriginal: _____ Band _____
Current Address: _____
Postal Code: _____ Email: _____ Phone: _____ Cell: _____
Parent/Guardian: _____ Relationship: _____ Phone: _____
Social Worker: _____ Phone: _____ Fax: _____
Other Professionals: _____ Phone: _____ Fax: _____

Related Risk Factors

☐ Mental Health/FAS	☐ Language Barriers	☐ Eating Disorder
☐ Homelessness/Couch Surfing	☐ Not in School	☐ Suicide
☐ Criminal Behavior	☐ Self Harm/Cutting	☐ Physical Disabilities
☐ Youth Justice Involvement	☐ Disconnected from Family	☐ Pregnant
☐ History of Fire Setting	☐ Aggressive Behavior	☐ Medical Conditions

Is the youth aware of this referral? Yes ☐ No ☐

Does the youth agree to the referral? Yes ☐ No ☐

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Substance Use History

Substance & Rank Order (only #1, 2, 3)	Age of 1st Use	# of Days Used in Past 30 Days	Current Use (Y/N)	Pattern	Quantity	Method	Stage of Change
Tobacco (do not Rank)							
Alcohol							
Cannabis							
Ecstasy							
Cocaine							
Crack Cocaine							
Hallucinogens							
Crystal Meth							
Heroin							
Inhalants							
Prescription							
Methadone							
Steroids							
Over the counter							
Other							

Drug that causes the most problems in your life:_____

Additional Comments: Please identify client strength/resiliencies that will assist youth to be successful in the program.

_____

_____

_____

_____

_____

_____

_____

Strengths: _____

_____

Challenges: _____

_____