



McMan

REFERRAL

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Revised: July 8, 2019

P-CA

Client Name: _____	Client #: _____
Date of Referral: _____	
Address: _____	
City: _____	Phone #: _____

REFERRAL SOURCE	
Name: _____	Phone #: _____
Agency/Position: _____	
Mailing Address: _____	
CLIENT	
Age and DOB: _____	
# of Children (incl. Target child whether or not born): _____	
Marital Status: _____	
Highest grade completed in school: _____	
Primary Language: _____	
Canadian Citizen, Landed Immigrant, Visa?: _____	

ELIGIBILITY FOR ENROLLMENT (Client must meet all three conditions to be enrolled)

1. PREGNANCY STATUS

Currently Pregnant: Yes _____ Due Date _____
Prenatal Care/Physician: _____

POSTPARTUM STATUS

Date of Delivery _____ Hospital of Delivery _____ Complications _____

IS THE CLIENT CURRENTLY PREGNANT OR WITHIN 6 WEEKS POSTPARTUM? Yes _____ No _____

2. SELF-REPORT OF ALCOHOL OR DRUG USE DURING PREGNANCY

Alcohol/Drug(s) of choice: _____

Positive Toxicology Screen(s): Mother _____ Baby _____

How often was alcohol consumed during pregnancy: Daily _____ Weekly _____ Monthly _____

Average amount per use: _____

How often was drugs used during pregnancy: Daily _____ Weekly _____ Monthly _____

Average amount per use: _____

3. PRENATAL CARE

Where? (name of clinic/physician) _____
Any unusual factors in prenatal care? (i.e., prenatal care in jail, high risk pregnancy) _____

3. NATURAL SUPPORTS INVOLVEMENT (ie. Family, friends, etc.)

Immediate Family involvement _____
Is the father of the baby involved? _____
Is there a significant other involved? _____
Relatives Involvement _____
Friends _____
Anyone else you can all for support? _____

4. INVOLVEMENT WITH COMMUNITY SERVICES DURING PREGNANCY

Alcohol/drug treatment now or during pregnancy? (Describe) _____
Mental Health Services? _____
Other community services involved? _____
Children Services Involvement? _____
Housing? _____
Legal Services? _____
Domestic Violence? _____
Other Programs? _____

5. OTHER PERTINENT INFORMATION (ie. Physical/verbal aggressive behaviour, current drug/alcohol use, mental health concerns etc...)

SIGNATURES

Signature of Supervisor

Date (dd/mm/yyyy)

The information collected on this form will be used to determine appropriate assessment and/or intervention for you and your child.

This personal information is protected by the Freedom of Information and Protection of Privacy Act (FOIPP).