North Eastern Ontario
Family and Children's Services
Services à la famille et à l'enfance
du Nord-Est de l'Ontario

# External Request for Mental Health Services

## Counselling and Therapy Services – Single Session

| **REFERRAL SOURCE** | | |
|---|---|---|
| **Name of referral source if other than client:** | **Job title/Relationship to client:** | **Telephone number:** |
| | | |

| **CLIENT INFORMATION** | | | | | |
|---|---|---|---|---|---|
| **Child/Youth's Name:** | | | | **Date of birth:** *(dd/mm/yyyy)* | |
| Legal Name:<br>Preferred Name: | | | | | |
| Gender: | | | | | |
| Language: | ☐ English ☐ French ☐ Other: | | | | |
| School/Grade: | | | | | |
| Ethnic Origin / Indigenous Status: | | | | | |
| P.O. Box: | | | | Home: | |
| Street Address: | | | | Cell: | |
| City: | | Province: | | Postal Code: | |
| Email: | | | | | |
| **Name of parent/legal guardian** | | | **Name of parent/legal guardian** | | |
| | | | | | |

**CLIENT NEEDS:**
(Identify needs according to client or parent(s)/legal guardian(s) and where these occur (i.e. home, community); how long have the needs been present, etc.)

**COUNSELLING AND THERAPY SERVICES (CTS) – SINGLE SESSION**
**AREAS OF CONCERNS:** *(Please only choose a maximum of 3)*

| | | |
|---|---|---|
| ☐ Abuse | ☐ Family violence/conflict/issues | ☐ Self-harming behaviours |
| ☐ Adjustment problems | ☐ FASD | ☐ Self-esteem issues |
| ☐ Adoption issues | ☐ File Disclosure | ☐ Sensory issues |
| ☐ Aggressive behaviour | ☐ Fire setting | ☐ Separation/divorce/blended family issues |
| ☐ Anger management | ☐ Gender identity issues | |
| ☐ Anti-social behaviour | ☐ Homicidal ideations/threats | ☐ Service inquiry |
| ☐ Anxiety issues | ☐ Impulsivity | ☐ Sexually inappropriate behaviour |
| ☐ Attachment issues | ☐ Legal/court issues/involvement | |

| | | |
|---|---|---|
| ☐ Attention, concentration, hyperactivity | ☐ Life skills | ☐ Sexual orientation issues |
| ☐ Autism spectrum disorder | ☐ Loss and grief | ☐ Sibling issues |
| ☐ Bullying | ☐ Medical concerns | ☐ Sleep issues |
| ☐ Case management | ☐ Misuse/use of Gambling | ☐ Social skills issues |
| ☐ Child management issues | ☐ Misuse/use of Gaming | ☐ Somatic complaints |
| ☐ Community links | ☐ Misuse/use of Substance | ☐ Stealing |
| ☐ Cruelty to animals | ☐ Misuse/use of Technology | ☐ Suicide ideations/threat/ gestures/attempts |
| ☐ Depression Issues | ☐ Mental health education | ☐ Support & Advocacy |
| ☐ Developmental Challenges | ☐ Oppositional defiant behaviours | ☐ Thought issues (hallucinations/delusions/ irrational thinking) |
| ☐ Dishonesty | ☐ Parent-child conflict | ☐ Trauma |
| ☐ Eating behaviour issues | ☐ Parent health/mental health/substance use issues | ☐ Withdrawn/isolating behaviours |
| ☐ Emotion regulation/Mood fluctuations | ☐ Parenting issues | |
| ☐ Encopresis | ☐ Relationship problems/abuse | |
| ☐ Enuresis | ☐ Running away | |
| | ☐ School-based issues - academic/ emotional/behavioural/attendance | |

| **SIGNATURE** | |
|---|---|
| **Referral source/Client:** | **Date:** |
| | DD/MM/YYYY |

☐ Signed consent has been attached and/or verbal consent obtained.

**Please note that this is NOT a crisis service.**
**If a client needs crisis services, please call our Intake Department at 705-360-7100.**

**Return to: mhintake.referrals@neofacs.org**

| **DISTRIBUTION:** | |
|---|---|
| Original: | Scanned and uploaded to client e-file |
| Copy: | Offered to the client |