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REFERRAL FORM

Date: _____

Participant Name: _____ Gender: _____

Address: _____ Postal Code: _____

Phone: _____ Age: _____ Date of Birth: _____ School: _____

Current Grade: _____

Name of Parent/Foster Parent/Guardian: _____

Address (If different from above): _____

Phone: _____

Name of Referring Worker: _____

Agency: _____ Phone: _____

Address: _____ Postal Code: _____ Fax: _____

Is the participant currently in counselling/therapy? Yes No

If yes, with whom? _____

Please be sure parents are aware the referral has been made for their child.

Is participant aware of this referral and in agreement to the program? Yes No

Is parent/guardian aware of referral and in agreement to the program? Yes No

(over)

Please indicate strengths and challenges of the youth being referred:

Please describe the family dynamics if known (siblings, parental involvement, etc.):

Are there any medical or mental health issues (ex. ADHD)? Please provide details if known.

Is this youth currently at risk for harm to self or others? If so, please provide details.

Do you feel this youth will benefit from participating in a group environment? Yes No

(All information to be filled out by referral source. Please give details. Information provided is confidential.)

Thank you for referring to the Breakfast Club Program!