

Squamish Mental Health & Substance Use Services

Ph: 778-894-3200

Fax: 604-815-4197

Whistler Mental Health & Substance Use Services

Ph: 604-698-6455

Fax: 604-932-6953

Pemberton Mental Health & Substance Use Services

Ph: 604-698-5861

Fax: 604-894-6491

Foundry Sea to Sky Youth Services\*

Ph: 604-567-9347

Fax: 604-898-6391

\*Foundry STS accepts referrals for youth aged 12-19 with a **primary substance use concern** and referrals for **ALL** clients aged 19-24 throughout STS

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Referee Phone: \_\_\_\_\_ Referee Fax: \_\_\_\_\_

Is referral source same as Family Physician: Yes ☐ No ☐

If not, Family Physician: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Is Family Physician Aware of Referral: Yes ☐ No ☐ Is Client in Agreement with Referral: Yes ☐ No ☐ Clt Unaware ☐

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

PHN: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: Phone ☐ Text ☐ Email ☐

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Presenting Concern/Diagnostic Question:

Psychiatric Hx: (attach relevant notes & screening questionnaires)

Substance Use Hx:

Current Medications: (attach med profile)

Psychotropic medications trialed/outcomes:

Requesting consultation with Psychiatrist: Yes ☐ No ☐

Other Services/Specialists Involved: (attach relevant collateral)

Risk of Self Harm/Suicidal Ideation Low ☐ Medium ☐ High ☐

Risk of Harm to others/Homicidal Ideation Low ☐ Medium ☐ High ☐

Risk of Overdose Low ☐ Medium ☐ High ☐

Insight Intact ☐ Fair ☐ Poor ☐

**\*\*WE DO NOT PROVIDE MEDICOLEGAL ASSESSMENTS\*\***