

# PEI SITUATION TABLE REFERRAL FORM



**Form to be placed on client file/agency record upon completion**

**File Number:/Name**

**If a new situation arises with this client, a new form should be completed and filed**

<b>Originating Agency/Department:</b>		<b>Referring Employee:</b>	
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<b>Client Name(s):</b> <i>(keep confidential)</i>			
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<b>Date of Birth (d/m/y)</b>	<b>Age</b>	<b>Sex</b> ___ F ___ M ___ Other	<b>Email</b>	<b>Telephone</b>
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**Address**

<b>Parent/Guardian 1</b>	<b>Address</b>	<b>Telephone</b>

<b>Parent/Guardian 2</b>	<b>Address</b>	<b>Telephone</b>

<b>Person with Legal Custody (other)</b>	<b>Address</b>	<b>Telephone</b>

<b>Spouse/Siblings or other significant family members (only if individual involved or at risk)</b>

<b>School</b>	<b>Grade</b>	<b>School Contact</b>

<b>Are procedures under Youth Criminal Justice Act Pending?</b>
___ Yes      ___ No      ___ NA

<b>Risk Detection Method:</b>	___ change in behaviour	___ request for help	___ crisis
	___ clustering of needs	___ unusual incident	___ escalating behaviour

<b>Referral Type:</b>	___ family	___ individual
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**Detected Risk Factors:** *(identify risk factors you are aware of at the time of referral)*

___ alcohol	___ self-harm	___ basic needs	___ unemployment
___ drugs	___ criminal involvement	___ missing school	___ missing/runaway
___ gambling	___ crime victimization	___ parenting	___ threat to public safety
___ mental health	___ physical violence	___ housing	___ gangs
___ cognitive impairment	___ sexual violence	___ poverty	___ social environment
___ physical health	___ elderly abuse	___ negative peers	
___ suicide	___ supervision	___ anti-social behavior	

**Efforts Made Before Referral:** *(provide brief description with no identifiable information)*

**Consent Obtained -- Not Mandatory:**

___ written	___ verbal	___ not yet
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**Reason for Referral:***(provide brief description with no identifiable information)*