

Installation : \_\_\_\_\_

Dossier : \_\_\_\_\_

Nom, Prénom : \_\_\_\_\_

Date de naissance : \_\_\_\_\_  F  M  
aaaa-mm-jj

NAM : \_\_\_\_\_ Exp. \_\_\_\_\_  
aaaa-mm

Nom, Prénom de la mère : \_\_\_\_\_

### SERVICE REQUEST – YOUTH AND ADULT REFERRAL TO THE CRD

**SERVICE REQUEST:**

YOUTH\* (age 17 and under)  ADULT  ENTOURAGE

**PREFERRED LANGUAGE:**

FRENCH  ENGLISH

REFERRAL BY THE DIRECTOR OF YOUTH PROTECTION (DYP), including the YOUTH CENTRES

Youth campus – UNIT (where applicable): \_\_\_\_\_

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

**IDENTIFICATION OF REFERRING PERSON**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Organization :  Liaison: \_\_\_\_\_  Passerelle: \_\_\_\_\_ Phone: \_\_\_\_\_

Other professionals involved: \_\_\_\_\_  
(Last name) (First name)

**SECTION RESERVED FOR HOSPITAL LIAISON AND « PASSERELLE » PROJECT**

User coming from:  221 Physical emergency  224 Mental health care unit

222 Psychiatric emergency  225 Physical health care unit

223 Youth psychiatric emergency  226 Other hospital unit

Specify : \_\_\_\_\_

**PATIENT IDENTIFICATION**

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

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone no. - home: \_\_\_\_\_ Authorization to leave a message  Yes  No

Phone no. - work: \_\_\_\_\_ Authorization to leave a message  Yes  No

Cell no.: \_\_\_\_\_ Authorization to leave a message  Yes  No

**ADDITIONAL INFORMATION ABOUT THE USER**

Father's name : \_\_\_\_\_  
(Last name) (First name)

Native language: \_\_\_\_\_ Place of birth:  Québec  Other Specify : \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Last name) (First name)

Email: \_\_\_\_\_ Relationship with user: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Cell no.: \_\_\_\_\_

**CIVIL STATUS**

Single  Common-law  Divorced  Married

Separated  Widow(er)  Other: \_\_\_\_\_

Have you ever received services from the CRD of the CISSMO (Virage or Foster):  Yes → Write the name of the point of service: \_\_\_\_\_

No

Nom, prénom:

#Dossier:

<b>OCCUPATION (adult section)</b>		
<input type="checkbox"/> Looking for a job	<input type="checkbox"/> Full-time studies/training	<input type="checkbox"/> Part-time studies/training
<input type="checkbox"/> Full-time work (35+ h/week)	<input type="checkbox"/> Part-time work (less than 35 h/week)	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Sick leave, parental leave, strike	<input type="checkbox"/> Detained	<input type="checkbox"/> Homeless
<input type="checkbox"/> Seasonal worker on leave	<input type="checkbox"/> Disability/Inability to work	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other: _____	

<b>LIVING SITUATION</b>			
<input type="checkbox"/> Living with one or several relatives	<input type="checkbox"/> Living with one or several non-related persons ( <i>foster home, youth centre, etc.</i> )		
<input type="checkbox"/> Single-parent	<input type="checkbox"/> Couple with child(ren) under 18	<input type="checkbox"/> Couple without children	<input type="checkbox"/> Person living alone

<b>REFERRED USER'S PROBLEM</b>				
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	<input type="checkbox"/> Medications	<input type="checkbox"/> Gambling	<input type="checkbox"/> PIU

<b>ASSOCIATED RISKS</b>				
<input type="checkbox"/> Suicide	<input type="checkbox"/> Homicide	<input type="checkbox"/> Aggression	<input type="checkbox"/> Disorganization	<input type="checkbox"/> Other: _____

<b>SCREENING TOOLS (attach to form)</b>				
<input type="checkbox"/> DEP-ADO : _____ Score	<input type="checkbox"/> DÉBA-ALCOOL : _____ Score	<input type="checkbox"/> DÉBA-DROGUE : _____ Score	<input type="checkbox"/> DÉBA-JEU : _____ Score	<input type="checkbox"/> DÉBA-INTERNET : _____ Score

<b>USER'S AVAILABILITY</b>		
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

**SECTION RESERVED FOR HOSPITAL LIAISON AND « PASSERELLE » PROJECT**

<b>DECISION FOLLOWING ANALYSIS</b>		
<input type="checkbox"/> Client abandons before analysis	<input type="checkbox"/> Accepted	<input type="checkbox"/> Ineligible (refused)
<input type="checkbox"/> Oriented towards : Other network mission	<input type="checkbox"/> Oriented towards: CH, CHSGS, SHPSY	<input type="checkbox"/> Oriented towards: Youth Centre
<input type="checkbox"/> Oriented towards CLSC	<input type="checkbox"/> Formal referral towards: volunteer, community or social economic resource	<input type="checkbox"/> Formal referral towards another CRD
<input type="checkbox"/> Formal referral towards a private or community resource	<input type="checkbox"/> Client's refusal	<input type="checkbox"/> Treated and completed

<b>DISCLOSURE OF SUICIDAL AND HOMICIDAL RISK (if applicable)</b>	
<input type="checkbox"/> Services externes dépendance	<input type="checkbox"/> Services internes Saint-Philippe
<input type="checkbox"/> Services ambulatoires de gestion de sevrage d'alcool	<input type="checkbox"/> Services internes Saint-Hubert

<b>COMMENT:</b>

**AUTHORIZATION TO EXCHANGE INFORMATION**

I authorize \_\_\_\_\_ to send this referral form, the completed screening tools, and all information related to the referral to the CISSS de la Montérégie-Ouest's Centre de réadaptation en dépendance (CRD).

I authorize the referring healthcare professional to exchange information about this referral with the healthcare professional at the CISSS de la Montérégie-Ouest's Centre de réadaptation en dépendance (CRD).

**THIS AUTHORIZATION IS VALID FOR 90 DAYS**

I understand that I may change or cancel this authorization at any time.

\_\_\_\_\_  
Signature of user or legal representative yyyy-mm-dd

\_\_\_\_\_  
Signature of referring healthcare professional yyyy-mm-dd

**PLEASE SEND THE SIGNED FORM AND A COPY OF THE COMPLETED SCREENING TOOL TO THE CRD'S CENTRALIZED INTAKE DEPARTMENT OF THE CISSS DE LA MONTÉRÉGIE-OUEST**

<b>Montérégie</b> (French – English)	<b>Montréal</b> (English)
Fax: <b>450-443-0522</b>	Fax: <b>514-486-2831</b>
Email: <b>accueil.dependance.ciassmo16@ssss.gouv.qc.ca</b>	Email: <b>accueil.montreal.dependance.ciassmo16@ssss.gouv.qc.ca</b>

**FOR MORE INFORMATION, CALL THE CENTRALIZED INTAKE DEPARTMENT**

<b>Montérégie</b> (French – English)	<b>Montréal</b> (English)
Phone no.: <b>450-443-4413</b>	Phone: <b>514-486-1304</b>
Toll-free: <b>1-866-964-4413</b>	Toll-free: <b>1 866 851-2255</b>

**SERVICE REQUEST – YOUTH AND ADULT REFERRAL TO THE CRD**

Dossier de l'utilisateur

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